

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bridgeport</i> <sup>Town</sup>		<i>Wilmington</i> <sup>County</sup>		MARYLAND	
Date of death <i>1901</i> - <i>11</i> <sup>Month</sup>		<i>22</i> <sup>Day</sup>	<i>74</i> <sup>Years</sup>	<i>1</i> <sup>Months</sup>	<i>2</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>ind</i>			
Occupation <i>House work</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widow</i>	Name of <del>Widow</del> Husband <i>David Anthony</i>				
Father's Name <i>Andrew Bayard</i>	Father's Birthplace <i>ind</i>				
Mother's Maiden Name <i>Nancy Wolford</i>	Mother's Birthplace <i>ind</i>				
Name of person giving information <i>Mrs. Maggie Byers</i>	How related to deceased <i>Daughter</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>La Grippe</i>	How long
Immediate <i>Heart Failure</i>	How long <i>Shrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>CR Scheele</i>
	Address
Accident or Suicide? <input type="checkbox"/>	

Dr Scheller

Name  
in  
Full

## CERTIFICATE OF DEATH

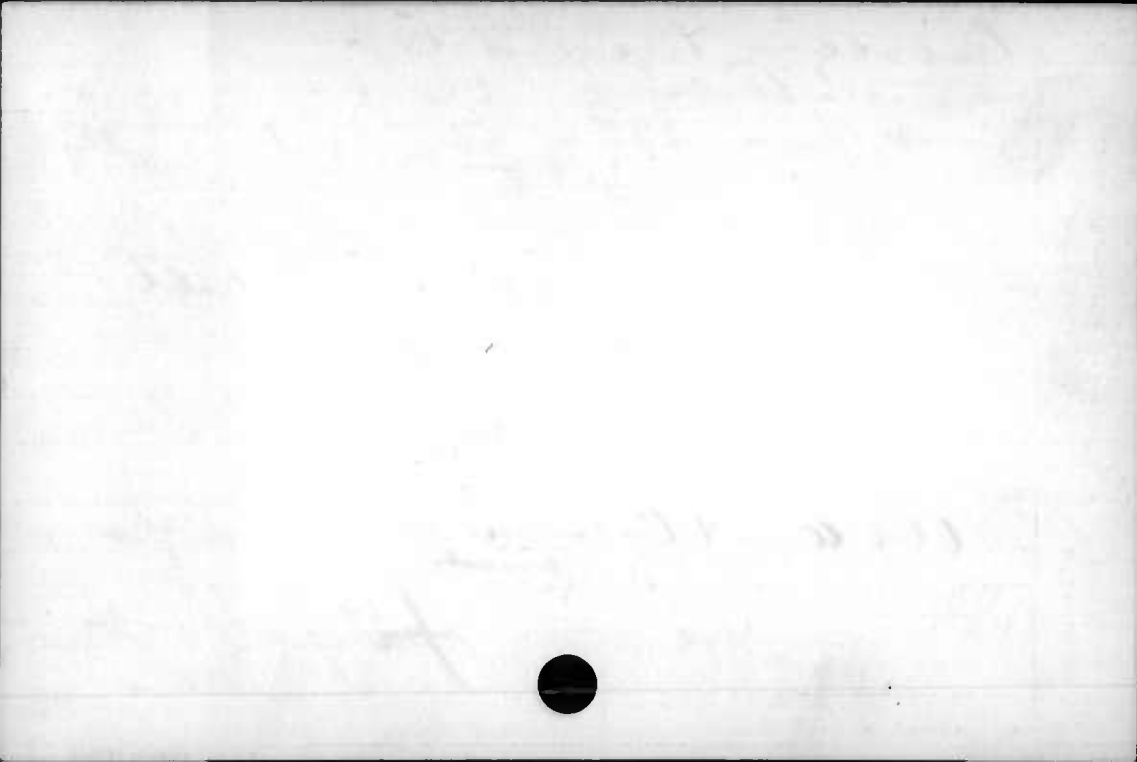
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Reids</i> Town		<i>Barkdoll (M.M.)</i> County		MARYLAND	
Date of death 190 <i>5</i>	Month <i>11</i>	Day <i>23</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Maryland</i>			
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Joseph Barkdoll -</i>			Father's Birthplace <i>Md. -</i>		
Mother's Maiden Name <i>Rachael Shank</i>			Mother's Birthplace <i>Md. -</i>		
Name of person giving information <i>Joseph Barkdoll -</i>			How related to deceased <i>father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary " <i>Still Born</i> " <i>S.</i>	How long <i>—</i>
Immediate	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>M.P. Miller</i>
	Address <i>Hagerstown, Md.</i>
Accident or Suicide? <i>no</i>	



Name  
in  
Full

Rebecca Burk dolls

## CERTIFICATE OF DEATH

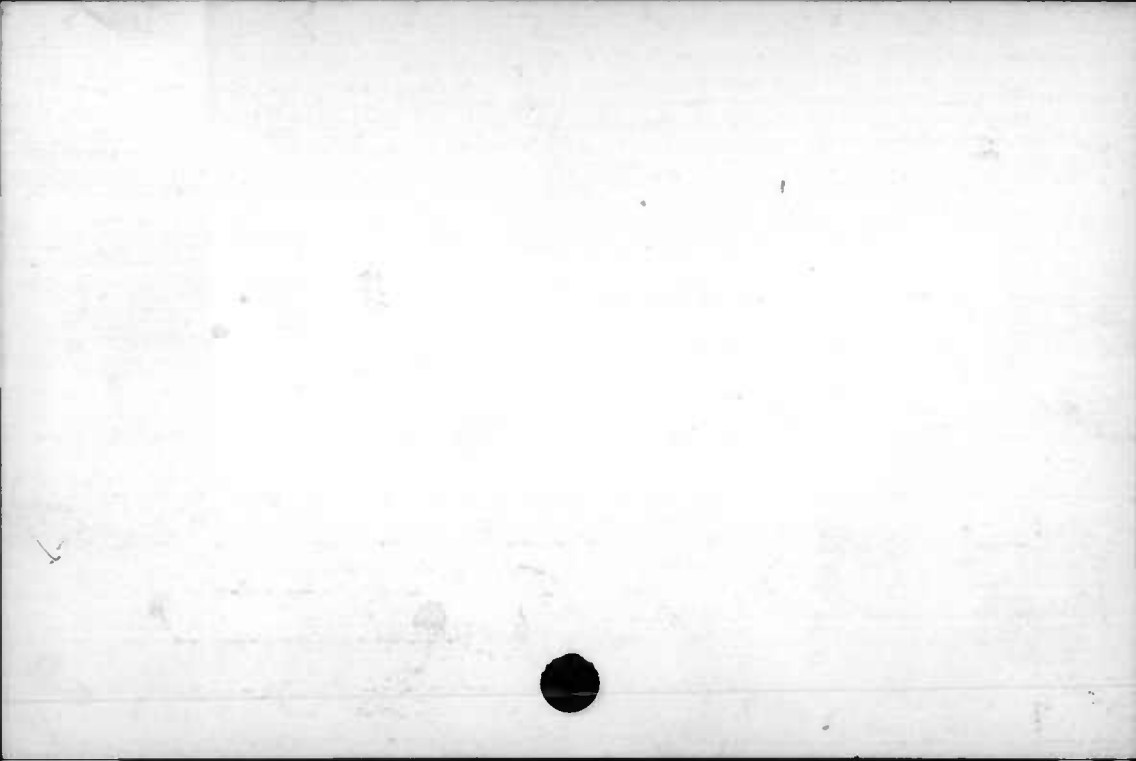
TO BE ANSWERED BY  
NEAREST FRIEND

Birthplace <sup>1 Town</sup> <i>Smithsburg</i>		County <i>Wash</i>		MARYLAND	
Date of death <i>1905</i>		Month <i>Nov</i>	Day <i>20</i>	Age <i>80</i>	Months <i>1</i> Days <i>11</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>un owing</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>near Smithsburg</i>			
Married, Single or Widowed		Name of Wife or Husband <i>Eli Burk dolls</i>			
Father's Name <i>un owing</i>		Father's Birthplace <i>un owing</i>			
Mother's Maiden Name <i>un owing</i>		Mother's Birthplace <i>un owing</i>			
Name of person giving information <i>David Burk dolls</i>		How related to deceased <i>Son</i>			

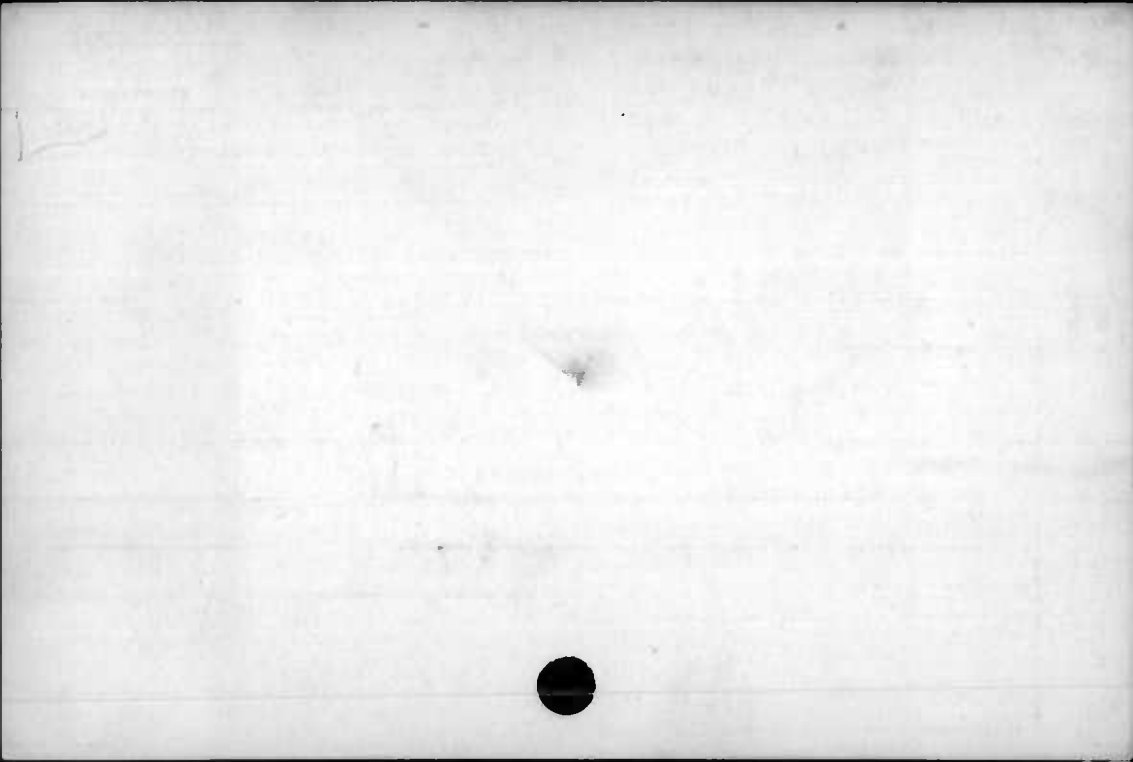
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Old age &amp; Catarrh of</i>	How long <i>2 years</i>
Immediate <i>General Debility</i>	How long <i>4 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. Y. Jarboe</i>
	Address <i>Ind.</i>
Accident or Suicide?	



Name in Full		Still Born Child				Boward 14 1/2		CERTIFICATE OF DEATH			
		Town			County			MARYLAND			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Date of death		Month	Day	Age	Years	Months	Days
				1905		Nov.	20				
		Sex		Male		Color or Race		White		Birth-place	
										Hagerstown	
		Occupation				Where Residing if not at place of death					
		Married, Single or Widowed		Name of Wife or Husband							
		Father's Name		Clyde Boward		Father's Birthplace		Hagerstown			
		Mother's Maiden Name		Beatus Wallace		Mother's Birthplace		Hagerstown			
		Name of person giving information		Clyde Boward		How related to deceased		Father			
CAUSES OF DEATH											
PHYSICIAN OR CORONER		Primary		Still born				How long			
		Immediate						How long			
		Are the name, age, sex, color, date and place correctly given above?		Yes				Signature of Physician		J. H. Hagan	
								Address		Hagerstown Md	
		Accident or Suicide?									





Name  
in  
Full

Fred P. Bragunier

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Hagerstown		Washington					
Date of death	Month	Day	Age	Years	Months	Days	
1905	11	23	1			4	
Sex	Color or Race		Birth-place				
Male	White		Md.				
Occupation	Where Residing if not at place of death						
Child							
Married, Single or Widowed	Name of Wife or Husband						
Single							
Father's Name	Father's Birthplace						
Fred P. Bragunier	Md.						
Mother's Maiden Name	Mother's Birthplace						
Lillie Clark	Md.						
Name of person giving information	How related to deceased						
Fred Bragunier	Father						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

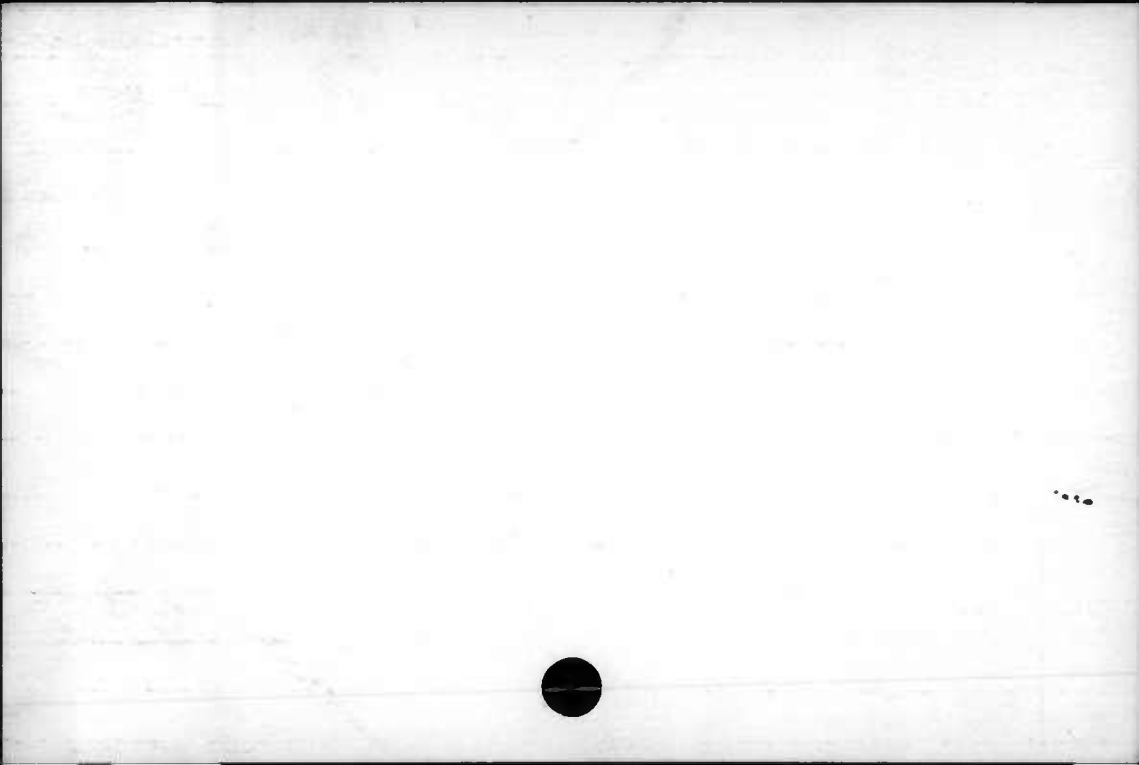
Primary	Indigestion —	How long	3 months.
Immediate	Broncho Pneumonia	How long	24 hours.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	M. P. Miller
		Address	Hagerstown Md.
Accident or Suicide?	No.		

City

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Name in Full		John H. B. Bridges				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Hancock		County Hatch		MARYLAND
	Date of death		Month Nov	Day 8	Years 39	Months 1	Days 17
	Sex Male		Color or Race White		Birth-place Hancock md.		
	Occupation Merchant		Where Residing if not at place of death Died at Home.				
	Married, Single or Widowed married		Name of Wife or Husband Elsie Thompson.				
	Father's Name Robert Bridges		Father's Birthplace Hancock md.				
	Mother's Maiden Name Priscilla Breathed		Mother's Birthplace Morgan C. H. Va.				
Name of person giving information Llewellyn Bridges				How related to deceased Brother			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Typhoid Fever & Pneumonia			How long 10 days	
	Immediate		Intestinal Hemorrhage			How long 4 days	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician J. L. West		
					Address Hatch Md.		
	Accident or Suicide?		No				



Name  
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Margaret A Brown

CERTIFICATE OF DEATH

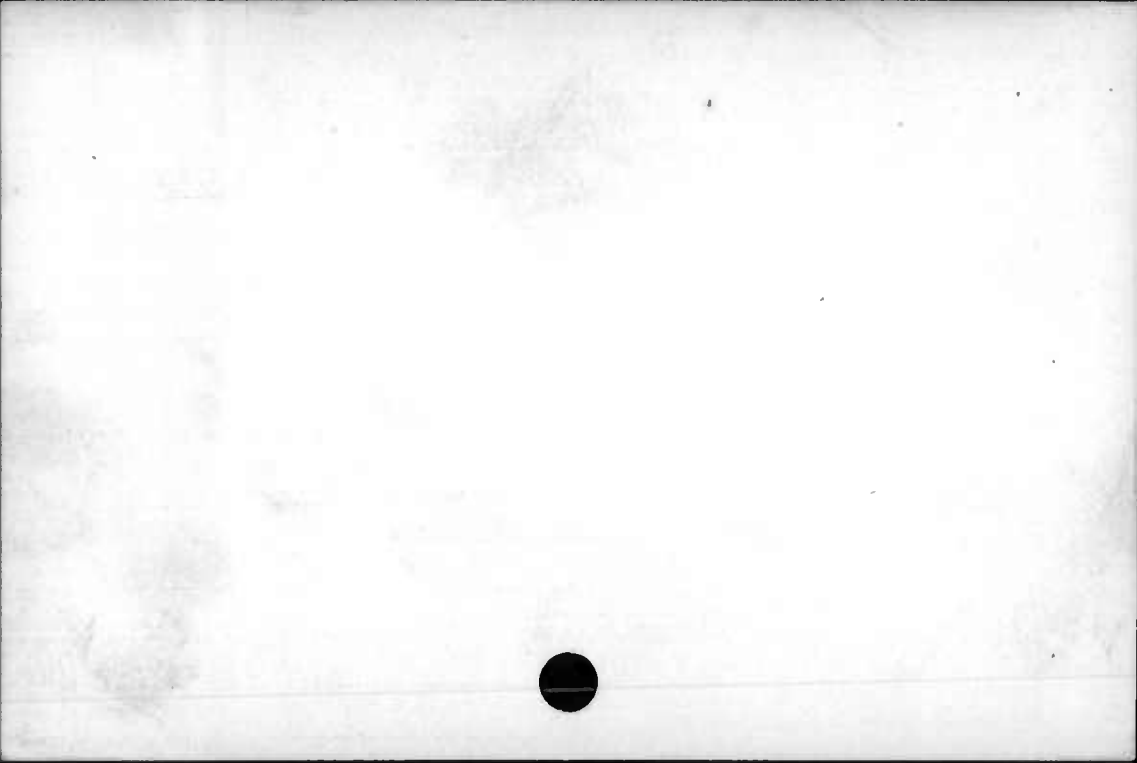
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Mt Gion</b> <small>Town</small>		<b>Washington</b> <small>County</small>		MARYLAND	
Date of death <b>1905</b>	<b>Nov.</b> <small>Month</small>	<b>11th</b> <small>Day</small>	Age <b>47</b> <small>Years</small>	<b>8</b> <small>Months</small>	<b>28</b> <small>Days</small>
Sex <b>Female</b>		Color or Race <b>White</b>		Birth-place	
Occupation <b>Housewife</b>			Where Residing if not at place of death <b>at place of death</b>		
Married, <del>Single</del> <b>widowed</b>		Name of <del>Wife or</del> <b>Upton Brown</b> <small>Husband</small>			
Father's Name <b>John Higgins</b>			Father's Birthplace		
Mother's Maiden Name <b>Mary Smith</b>			Mother's Birthplace <b>Was. Co. Md.</b>		
Name of person giving information <b>Daniel Harris</b>			How related to deceased <b>Notting</b>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Typhoid fever</b>	How long <b>7 weeks</b>
Immediate <b>Exhaustion &amp; paralysis</b>	How long <b>Paralysis 6 days</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>E. L. Hatcher</b>
	Address <b>Sabillasville Md.</b>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Still Born Child of Herbert Burger		County Washington		MARYLAND	
Died at Hagerstown		Town		County	
Date of death 1905		Month 11		Day 19	
Sex Male		Color or Race White		Birth-place Md	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name Herbert Burger		Father's Birthplace Md			
Mother's Maiden Name Alice Brognier		Mother's Birthplace Md			
Name of person giving information Herbert Burger		How related to deceased Father			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Premature Birth		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician W. S. Richardson	
		Address Williamsport Md.	
Accident or Suicide?			

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Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Katherine E. Byrum</i>		Town <i>Hagerstown</i>		County <i>Wash.</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>11</i>		Day <i>19</i>		Age <i>22</i>	
Date of death <i>1905</i>		Years <i>1</i>		Months <i>1</i>		Days <i>1</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>			
Occupation <i>Domestic's Servant</i>		Where Residing if not at place of death <i>Beaver Creek</i>					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i></i>					
Father's Name <i>Charles Byrum</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Lydia Cramer</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Lizzie Byrum</i>		How related to deceased <i>sister</i>					

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Psittacitis</i>	How long <i>about - 4 days</i>
	Immediate <i>"</i>	How long <i>"</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. Preston Miller</i>
		Address <i>Hagerstown Md</i>
Accident or Suicide? <i></i>		

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Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Harry A. Blopper.</b>		Town <b>Wheaton</b>		County <b>Wash.</b>		MARYLAND	
Died at <b>Wheaton</b>		Month <b>11</b>		Day <b>5</b>		Age Years <b>42</b> Months _____ Days _____	
Date of death <b>1903</b>		Sex <b>male</b>		Color or Race <b>white</b>		Birth- place <b>Md.</b>	
Occupation _____				Where Residing if not at place of death _____			
Married, Single or Widowed <b>single</b>		Name of Wife or Husband _____					
Father's Name <b>Henry G. Blopper</b>		Father's Birthplace <b>Md.</b>					
Mother's Maiden Name <b>Margaret E. Petrie</b>		Mother's Birthplace _____					
Name of person giving In formation <b>Lucas E. Blopper</b>		How related to deceased <b>brother</b>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Arteriosclerosis of the heart</b>	How long <b>several years</b>
Immediate <b>Exhaustion</b>	How long <b>2 or 3 months</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>W. H. Hager</b>
	Address <b>Wheaton Md.</b>
Accident or Suicide? _____	

July 19

Name  
in  
Full

H. Gertrude College

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Hagerstown</i>		<sup>County</sup> <i>Washington</i>		MARYLAND	
Date of death	Month <i>11</i>	Day <i>23</i>	Age <i>28</i>	Months <i>4</i>	Days <i>5</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Pa</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>J. N. College</i>	Father's Birthplace <i>Pa</i>				
Mother's Maiden Name <i>Mary J. McDaniel</i>	Mother's Birthplace				
Name of person giving information <i>J. N. College</i>	How related to deceased <i>Father</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Enterococcal multiple Ovarian cyst</i>	How long <i>Four weeks</i>
Immediate <i>Shock. (Surgical)</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. E. Pitsenogle</i>
	Address <i>Hagerstown Ind</i>
Accident or Suicide?	

Martinsburg  
W Va

Name  
in  
Full

## CERTIFICATE OF DEATH

**Name** *Charles Jacob Cornell*

**Town** *Edgemount* **County** *Washington* **State** *MARYLAND*

**Died at** *Edgemount*

**Date of death** *1905* **Month** *11* **Day** *14* **Age** *34* **Years** *1* **Months** *1* **Days** *2*

**Sex** *Male* **Color or Race** *White* **Birth-place** *Germany*

**Occupation** *laborer* **Where Residing if not at place of death** *-*

**Married, ~~Single~~ or ~~Widowed~~** *Single* **Name of Wife or Husband** *Josephine Cornell*

**Father's Name** *Dont know* **Father's Birthplace** *Germany*

**Mother's Maiden Name** *Dont know* **Mother's Birthplace** *Germany*

**Name of person giving information** *Mrs. Elizabeth Finch* **How related to deceased** *daughter*

## CAUSES OF DEATH

**Primary** *Tuberculosis* **How long** *18 Months*

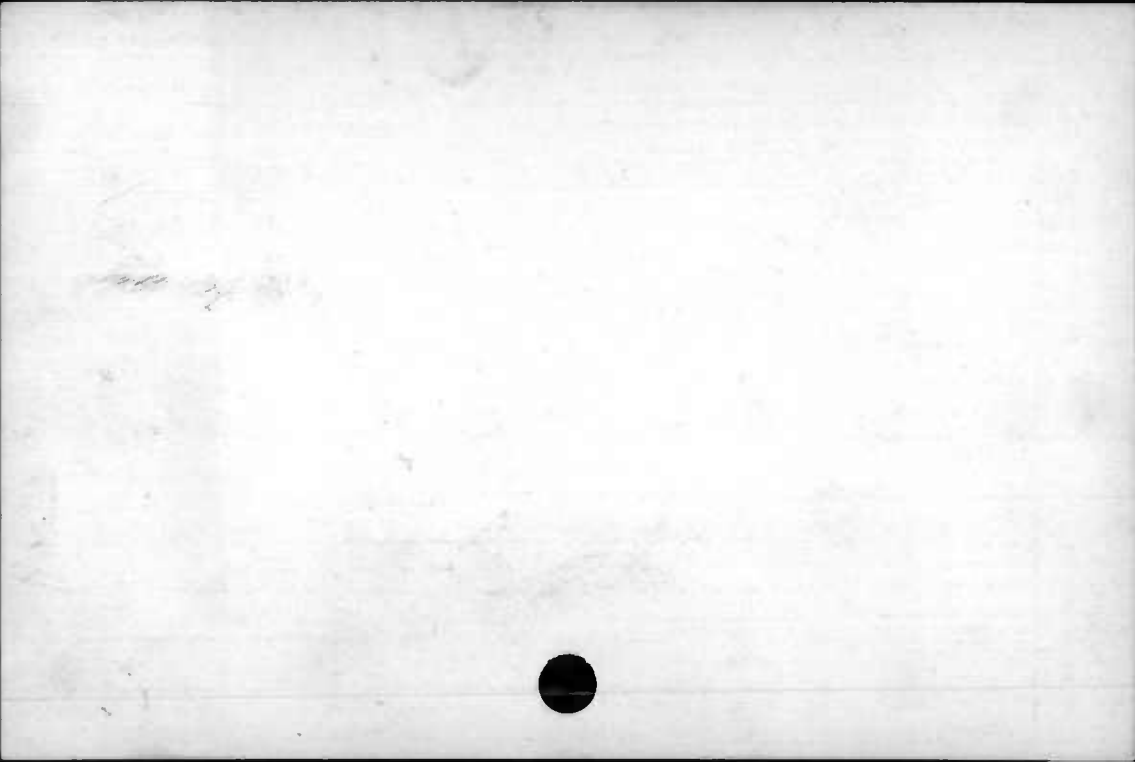
**Immediate** *Hemorrhage of lung* **How long** *6 hours*

**Are the name, age, sex, color, date and place correctly given above?** *Yes* **Signature of Physician** *Dr. M. W. Kefauver*

**Address** *Smithsburg Maryland*

**Accident or Suicide?**

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

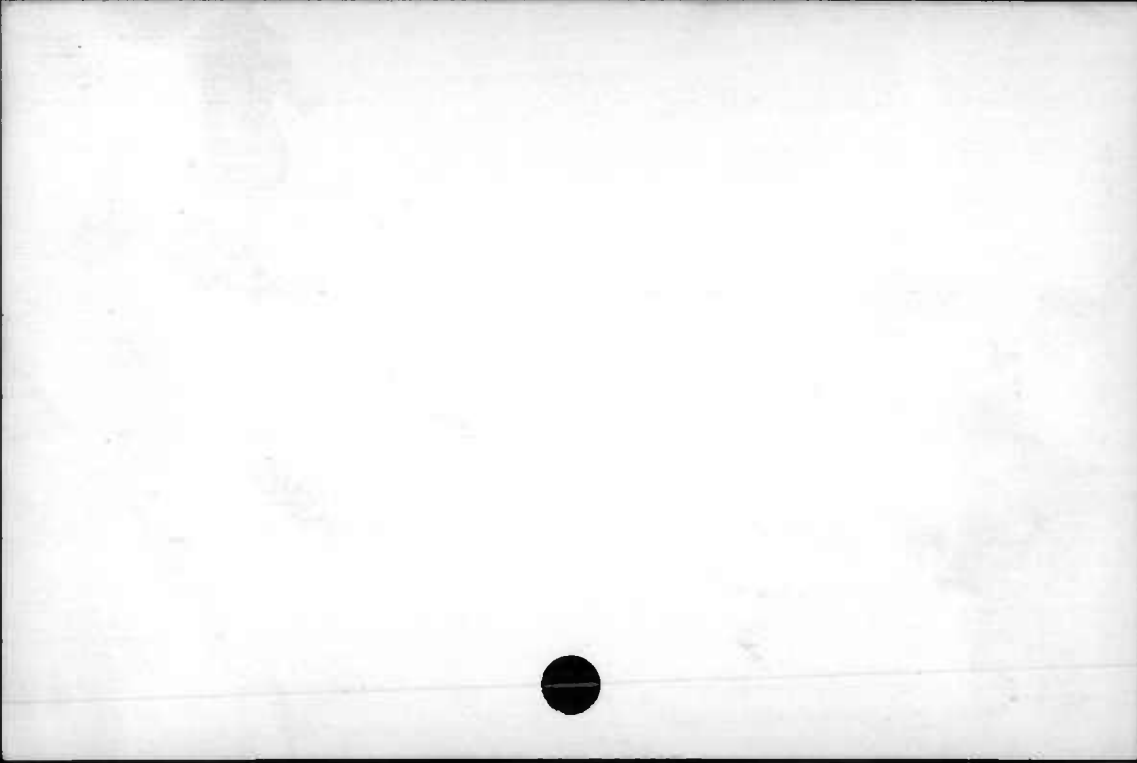
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Child of <i>Les and Odessa Cottrell</i>		TOWN		COUNTY		MARYLAND	
Died at <i>Hagerstown</i>		<i>Wash.</i>					
Date of death <i>1905</i>		Month <i>11</i>		Day <i>14</i>		Age <i>—</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>md.</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Les Cottrell</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Odessa Hoover</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>C. O. Cottrell</i>		How related to deceased <i>father</i>					

## CAUSES OF DEATH

Primary <i>Premature Birth</i>	How long <i>(5)</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. K. Orr,</i>
	Address <i>Hagerstown, Md.</i>
Accident or Suicide?	



Name  
in  
Full

Annie A Davis

## CERTIFICATE OF DEATH

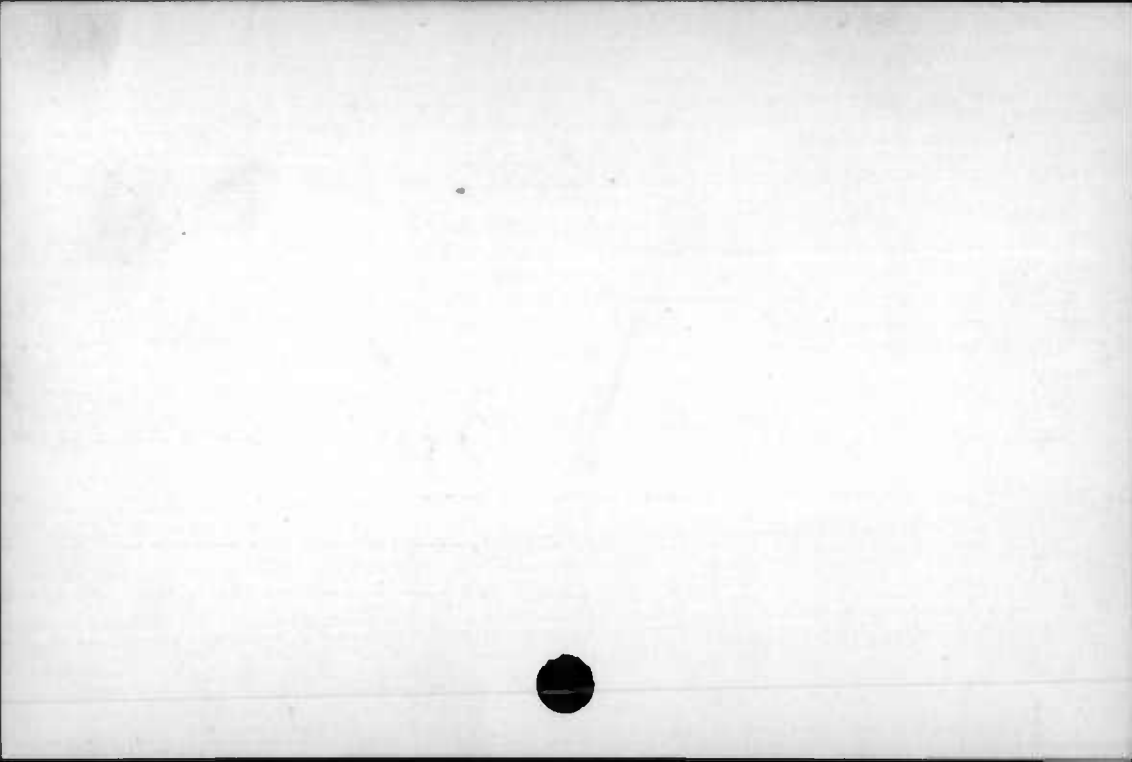
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i> Town		<i>Washington</i> County		MARYLAND	
Date of death	1905	Month	11	Day	4
Age	54	Years	6	Months	3
Sex	Female	Color or Race	White	Birth-place	Med
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Leo M. Davis		
Father's Name	John Henson	Father's Birthplace	Med		
Mother's Maiden Name	Mary Henson	Mother's Birthplace	Md		
Name of person giving information	Pearl Davis	How related to deceased	Daughter		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Dropsy Bronchitis asthma</i>	How long	<i>about 1 yr</i>
Immediate	<i>Heart failure</i>	How long	<i>about 5 min</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>SW Linstot MD</i>
		Address	<i>Hagerstown Md.</i>
Accident or Suicide?			



Name  
in  
Full

Lawrence Meade Bibb

## CERTIFICATE OF DEATH

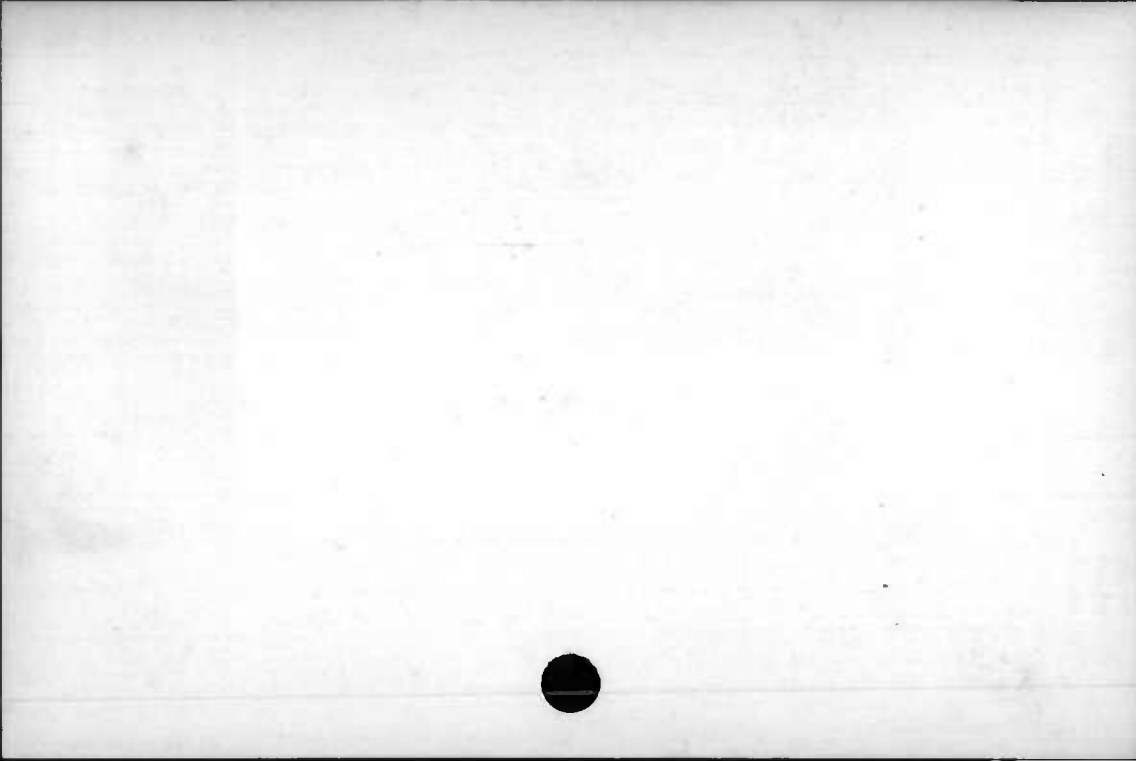
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Bavetown</u> Town		<u>Washington</u> County		MARYLAND	
Date of death <u>1905</u> Month <u>Nov</u>		Day <u>9</u>	Age <u>6</u> Years	Months <u>six weeks</u>	Days <u>1</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Bavetown</u>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <u>Hezekiah Bibb</u>			Father's Birthplace <u>Bavetown</u>		
Mother's Maiden Name <u>Mary Ann Burger</u>			Mother's Birthplace <u>Franklin Co Pa</u>		
Name of person giving information <u>Hezekiah Bibb</u>			How related to deceased <u>Father</u>		

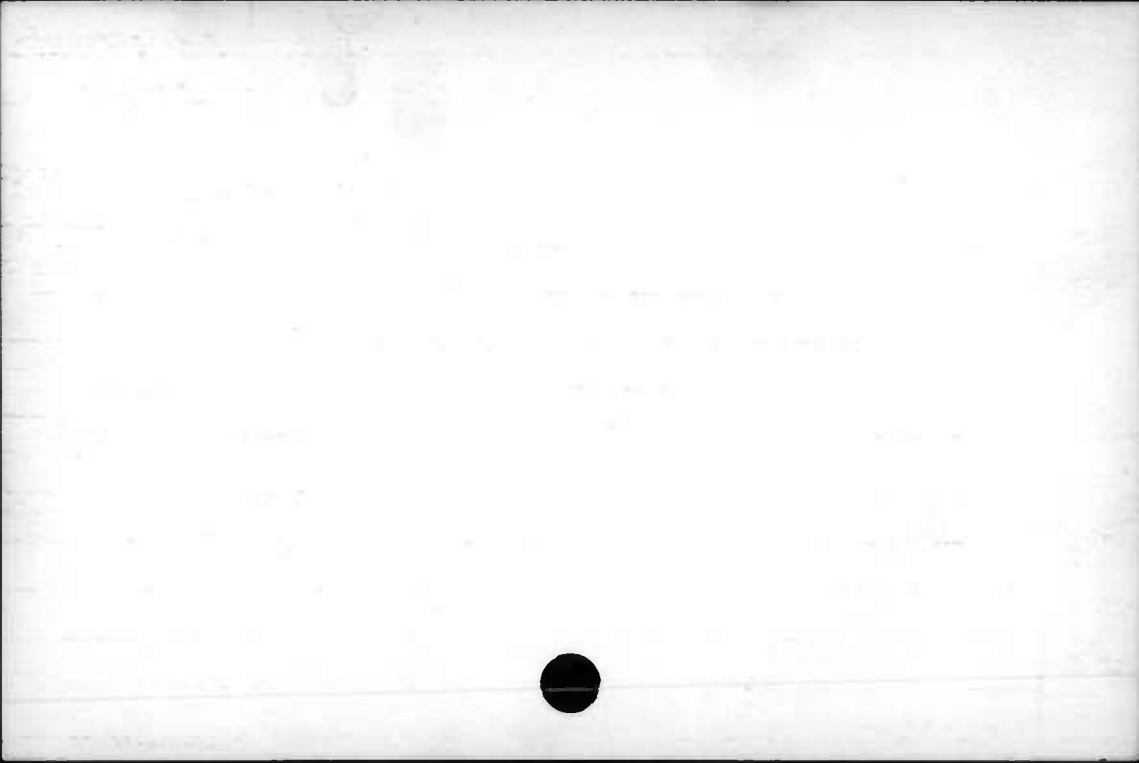
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Malaria</u>	How long <u>Several weeks</u>
Immediate <u>3</u>	How long <u>1</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Jos. Prohman M.D.</u>
	Address <u>Smithsburg Md.</u>
Accident or Suicide?	<u>M.D.</u>



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND
	Date of death	Month	Day	Age	Years
	<i>1905</i>	<i>11</i>	<i>14</i>	<i>62</i>	
	Sex	Color or Race	Birth-place		
	<i>Female</i>	<i>White</i>	<i>Pa</i>		
	Occupation	Where Residing if not at place of death			
	<i>House maid</i>				
PHYSICIAN OR CORONER	Married, Single or Widowed	Name of Wife or Husband			
	<i>Single</i>				
	Father's Name	Father's Birthplace			
	<i>not known</i>	<i>"</i>			
	Mother's Maiden Name	Mother's Birthplace			
<i>"</i>	<i>"</i>				
Name of person giving information	How related to deceased				
<i>Chas. B. Burch</i>	<i>none</i>				
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	How long			
	<i>Apoplexy (Cerebral Hemorrhage)</i>	<i>Few minutes</i>			
	Immediate	How long			
	<i>Are the name, age, sex, color, date and place correctly given above? - yes -</i>	Signature of Physician			
	<i>W. Preston Hillen</i>	Address			
<i>Hagerstown Md.</i>	Accident or Suicide?				
<i>no</i>					





Name  
in  
Full

Ella U. Ford

## CERTIFICATE OF DEATH

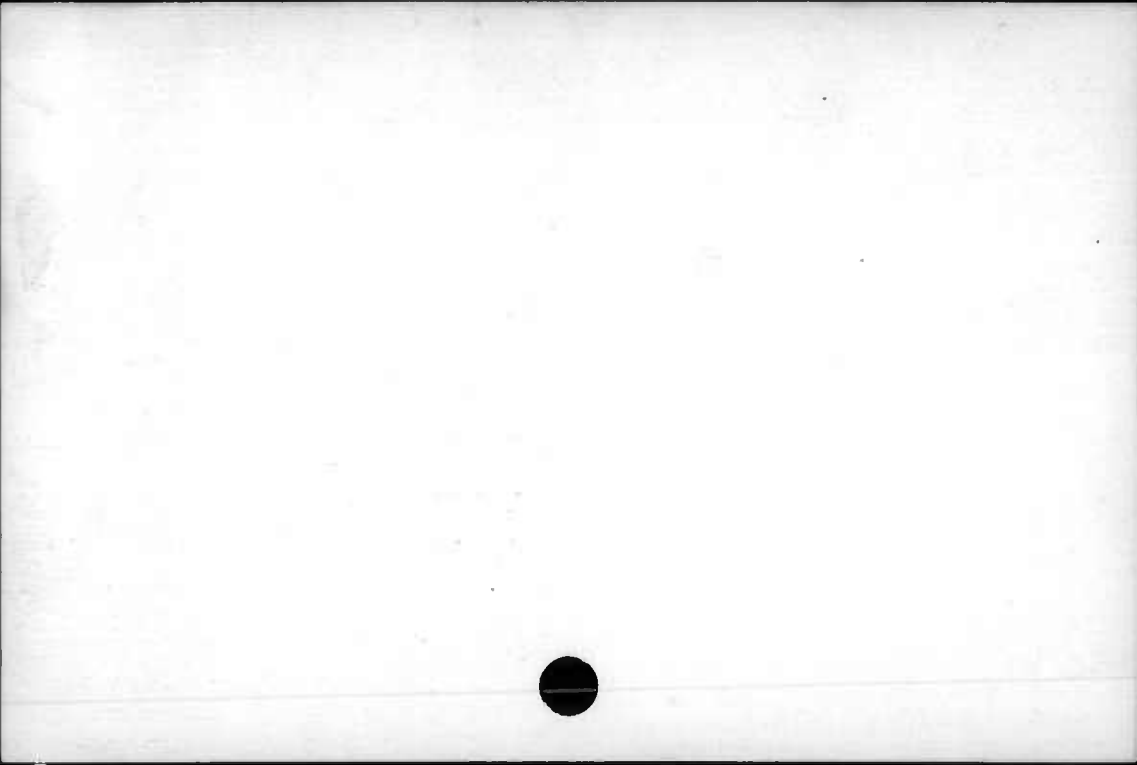
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Boonsboro		Washington		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1905		Nov	21	Age	31		
Sex	Female	Color or Race	White		Birth-place	Maryland	
Occupation	Housewife		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of <del>Wife</del> Husband Wm E. Ford				
Father's Name	Marion Smith				Father's Birthplace	Md	
Mother's Maiden Name	Martha Rhor				Mother's Birthplace	Md	
Name of person giving information	Wm E. Ford				How related to deceased	Husband	

## CAUSES OF DEATH

Primary	Pulmonary Tuberculosis	How long	Six months
Immediate	Collapse - Weakness	How long	Two days
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature of Physician		J. Hubert Brady	
Address		Boonsboro. Md.	
Accident or Suicide?		No	

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Near Leitersburg*

Town

*Wash.*

County

Date  
of death *1905*Month  
*11*Day  
*1*

Age

Years  
*82*Months  
*7*Days  
*27*

Sex

*Female*Color or  
Race*White*Birth-  
place*Marysville*

Occupation

*House Wife*Where Residing if not  
at place of death*Near Leitersburg*Married, Single  
or WidowedName of Wife or  
Husband*Samuel Forest*Father's  
Name*John Kubin*Father's  
Birthplace*Fred Co.*Mother's  
Maiden Name*Susan Kubin*Mother's  
Birthplace*" "*Name of person giving  
In formation*Sam. D. Forest*How related  
to deceased*Son*

## CAUSES OF DEATH

Primary

*Heart Failure*

How long

*Two Days -*

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*Geo. B. Hoover Undertaker*

Address

*Smithsburg Md.*

Accident or Suicide?



Name  
in  
Full

Mary. C. Forsythe No 270

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Williamstown		County Washington		MARYLAND	
Date of death 190	5	Month 11	Day 28	Age	Years	Months 9	Days 28
Sex	Female		Color or Race	White		Birth- place	Wmport
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Daniel. M. Forsythe			
Mother's Maiden Name				Ella. Stitzer			
Name of person giving In formation				Daniel. Forsythe			
Father's Birthplace				Indian Springs			
Mother's Birthplace				Wmport			
How related to deceased				Father			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Brain Fever		How long	six days
Immediate	Failure of Heart		How long	six days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
Yes		Dr. J. T. Lesher		
		Address		
		Williamstown		
Accident or Suicide?		Ad		

J. Mc Miller

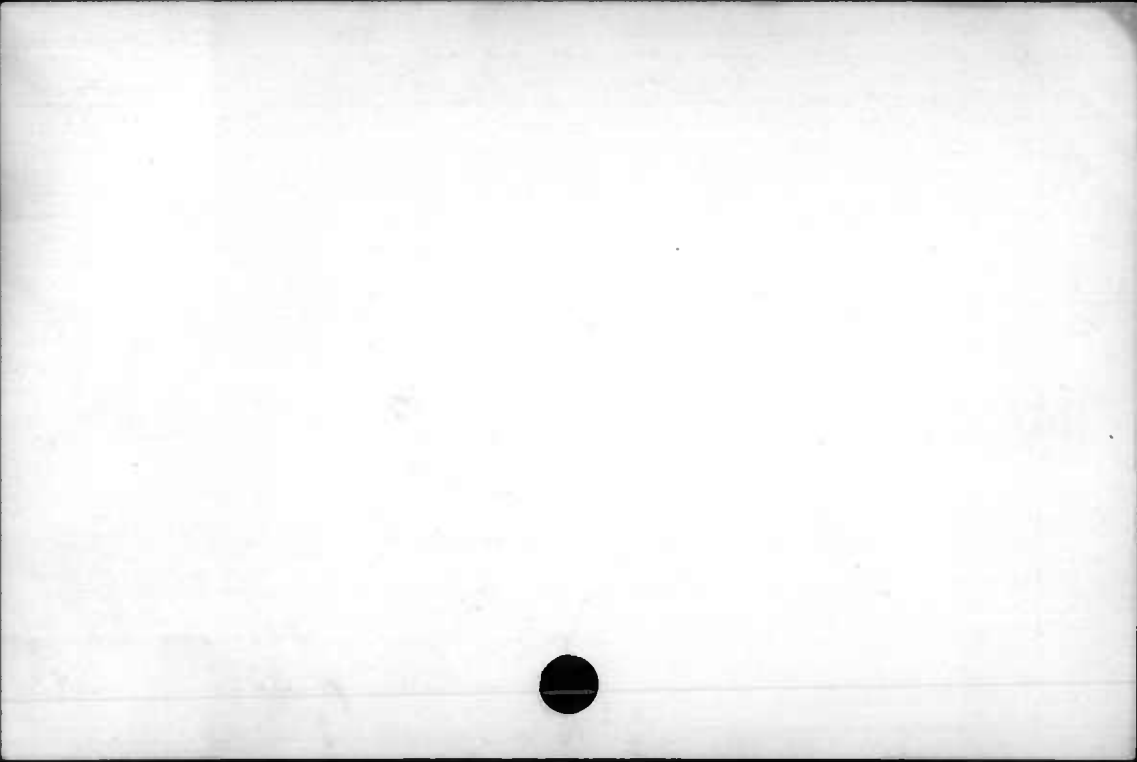
Kaiser View

Cemetery

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Name in Full <b>Ruth Hutterer.</b>		Town <b>Hagerstown</b>		County <b>Washington</b>		STATE <b>MARYLAND</b>	
Died at <b>Hagerstown</b>		Date of death <b>1905</b>		Age <b>6</b>		Months <b>1</b>	
Month <b>11</b>		Day <b>10</b>		Years <b>6</b>		Days <b>26</b>	
Sex <b>female</b>		Color or Race <b>white</b>		Birth-place <b>Md.</b>			
Occupation <b>school-child</b>		Where Residing if not at place of death <b>_____</b>					
Married, Single or Widowed <b>single</b>		Name of Wife or Husband <b>X</b>					
Father's Name <b>J. Frank Hutterer</b>		Father's Birthplace <b>Md.</b>					
Mother's Maiden Name <b>Annie E. Mayhew</b>		Mother's Birthplace <b>7</b>					
Name of person giving information <b>J. H. Hutterer</b>		How related to deceased <b>father</b>					
CAUSES OF DEATH							
Primary <b>Intestinal catarrh</b>		How long <b>106</b>		How long <b>106</b>			
Immediate <b>yes</b>		Signature of Physician <b>Chas. A. Doyle M.D.</b>		Address <b>Hagerstown Md.</b>			
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Accident or Suicide? <b>_____</b>					





Name  
in  
Full

Hester Gladhill

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1905</i> <sup>Month</sup> <i>11</i> <sup>Day</sup> <i>8</i>	Age	<i>—</i> <sup>Years</sup>	<i>5</i> <sup>Months</sup>	<i>18</i> <sup>Days</sup>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Pa</i>
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>James Gladhill</i>		Father's Birthplace	<i>Pa</i>
Mother's Maiden Name		<i>Sarah Dick</i>		Mother's Birthplace	<i>Pa</i>
Name of person giving information		<i>James Gladhill</i>		How related to deceased	<i>Father</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long	
Immediate	<i>Convulsions</i>	How long	<i>2 Days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of <del>Physician</del> <i>L. M. Watkins (Undertaker)</i>	
		Address <i>Hagerstown Md</i>	
Accident or Suicide?			

Bloyers Forge

Name  
in  
Full

Mrs. Barbara E. Grossnickle

CERTIFICATE OF DEATH

Died at <b>Mapleville</b> <small>Town</small>		<b>Wash</b> <small>County</small>		<b>MARYLAND</b>	
Date of death <b>1905</b> <small>Month</small> <b>Nov</b> <small>Day</small> <b>6</b>		<b>Age</b> <b>71</b> <small>Years</small>		<b>Months</b> <b>Days</b>	
Sex <b>Female</b>		Color or Race <b>White</b>		Birth-place <b>md</b>	
Occupation <b>H. Wife</b>		Where Residing if not at place of death <b>Mapleville</b>			
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>Lawson P. Grossnickle</b>			
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information <b>Lawson P. Grossnickle</b>		How related to deceased <b>Husband</b>			

Cephalic

## CAUSES OF DEATH

Primary **Indigestion 50%.**Immediate **Ent- Colitis**

Are the name, age, sex, color, date and place correctly given above?

yes

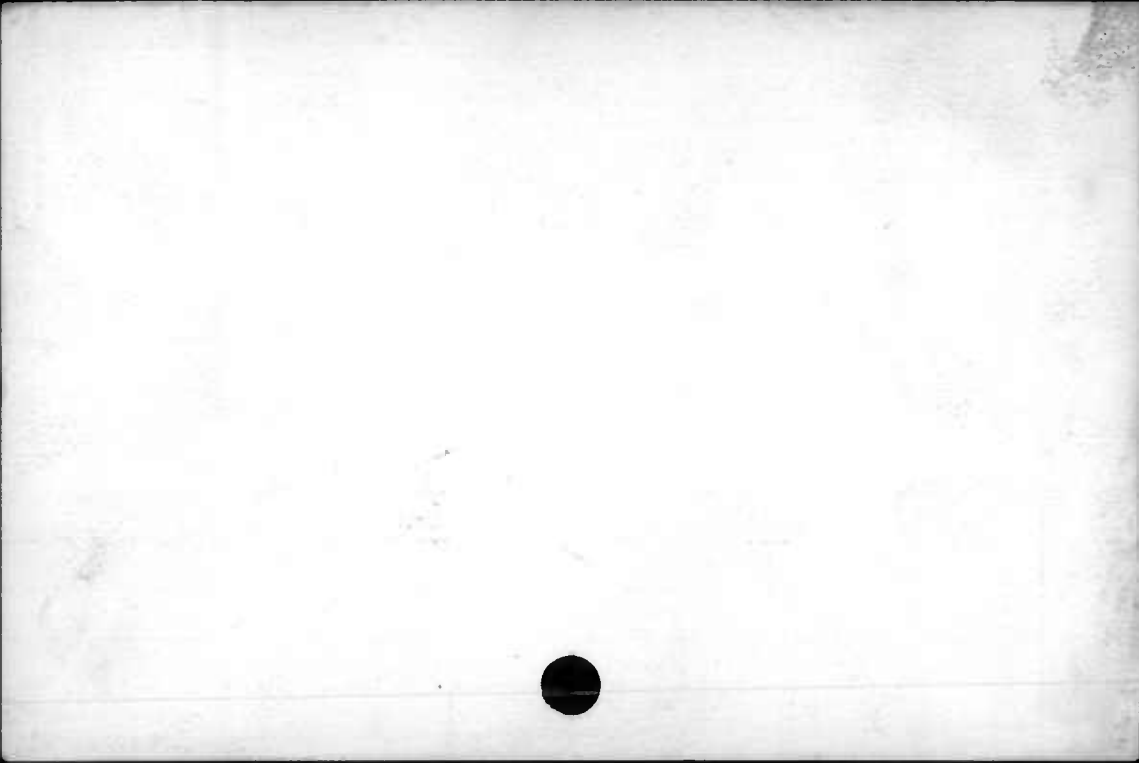
Signature of Physician

Address

**S. S. Davis**  
**Boonsboro**  
**md**

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

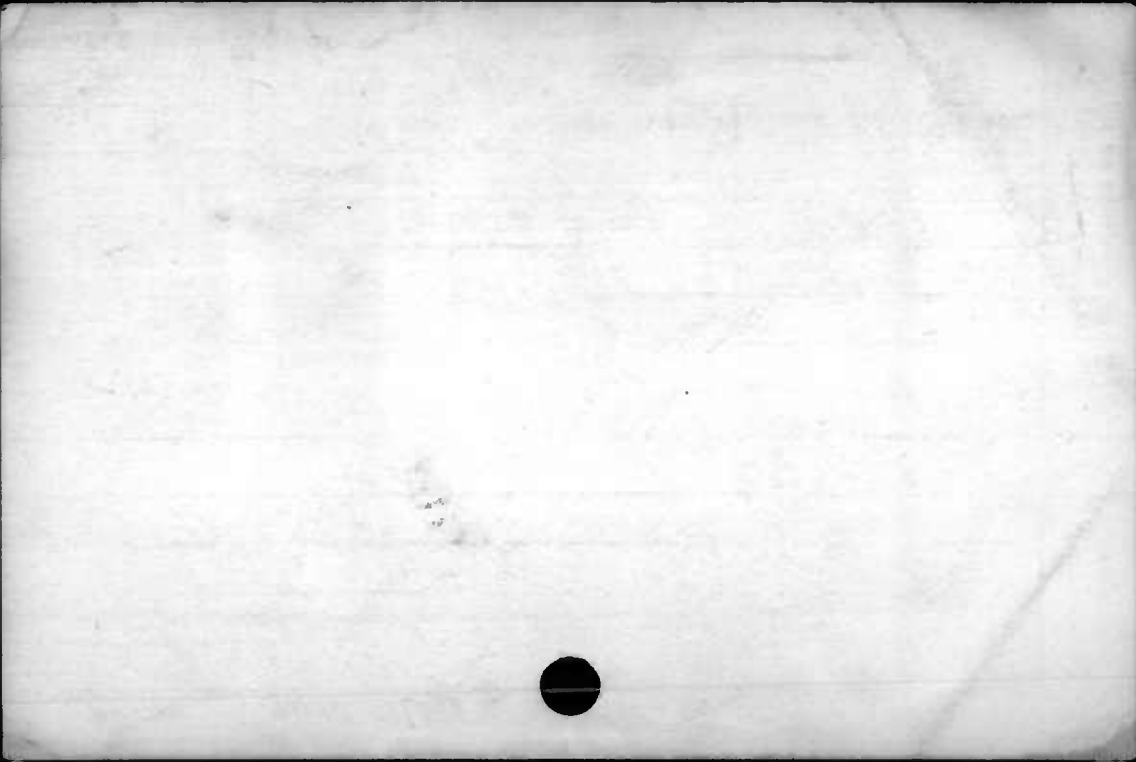
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>1905</i>		Month <i>11</i>		Day <i>22</i>		Age <i>69</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>			
Occupation <i>House work</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Robert Guesford</i>		Father's Birthplace <i>Na</i>					
Mother's Maiden Name <i>Bessie Snyder</i>		Mother's Birthplace <i>Na</i>					
Name of person giving information <i>Laura Brith</i>		How related to deceased <i>Niece</i>					

## CAUSES OF DEATH

Primary <i>old age</i>	How long <i>several years</i>
Immediate <i>old age - Heart defect</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas. B. Boyle M.D.</i>
	Address <i>Hagerstown MD</i>
Accident or Suicide?	



Name  
in  
Full

Henry A Hartung

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Hagerstown</u> <small>Town</small>		<u>Washington</u> <small>County</small>		MARYLAND	
Date of death	1903	Month	11	Day	
Sex	Male	Color or Race	White	Age	
Occupation	Child	Birth-place	Id	Where Residing if not at place of death	
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Henry Hartung	Father's Birthplace	Id		
Mother's Maiden Name	Bertie Posten	Mother's Birthplace	Id		
Name of person giving information	Henry Hartung	How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia	How long	about 3 days
Immediate	Convulsions	How long	about 6 hrs
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	S. W. Hurst M.D.
		Address	Hagerstown, Md
Accident or Suicide?			

Rose Hill



Name  
in  
Full

Frisby Hildebrand

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> <i>Sharpsburg</i> <sup>County</sup> <i>Washington</i>		MARYLAND	
Date of death	1905	Month	Nov
	Day	5	Age
	Years	76	Months
	Days	11	17
Sex	Male	Color or Race	White
Birth-place	Maryland		
Occupation	Farmer		
Where Residing if not at place of death			
Married, Single	<del>Widowed</del>		
Name of Wife or Husband	Margaret Hildebrand		
Father's Name	Isaac Hildebrand		
Father's Birthplace	Maryland		
Mother's Maiden Name	Don't - Know		
Mother's Birthplace	Don't - Know		
Name of person giving information	Columbus Hildebrand		
How related to deceased	Son		

## CAUSES OF DEATH

Primary	General Debility	How long	154
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	C. H. Gardner
		Address	Sharpsburg Md
Accident or Suicide?			

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Eugene Marker  
Undertaken.

Name in Full

Certificate of Death

Name in Full *Nellie Dortha Kinner*  
 Died at *Chesville* *Washington* *MARYLAND*  
 Date 1903- *11* *23* *12* *4* *6* *Stork*  
 Month Day Y. M. D. Native of Occupation  
~~Male~~ *White* ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female ~~Colored~~ *Single* ~~Widower~~ Number of children living

Husband  
of  
Wife

Father's Name *Chas. H. Kinner* Mother's Maiden Name *Anna M. Bachter*

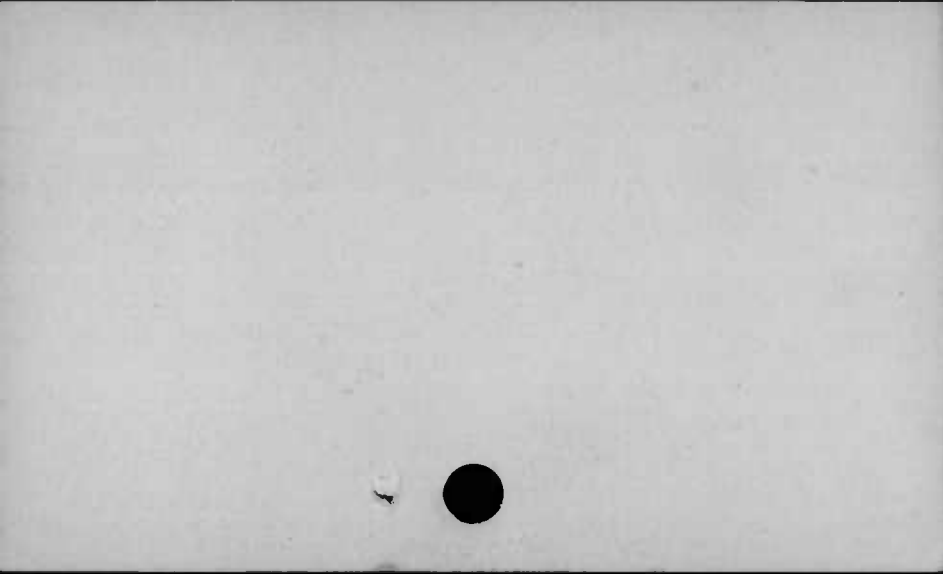
Cause of Death { Primary *Septicemia*  
 Immediate *Toxemia*

How long sick *8 days*  
 Accident, Suicide, Homicide

Reported by *Chas. H. Kinner* *Father*

Address *Wm. A. Kinner M.D.* *Chesville Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Elias W. Knode

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Hagerstown		County Wash		MARYLAND	
Date of death		Month 11	Day 18	Years 81		Months 6	Days 15
Sex male		Color or Race white		Birth-place Md.			
Occupation Merchant		Where Residing if not at place of death					
Married, Single or Widowed married		Name of Wife or Husband Eliza Knode					
Father's Name John Knode		Father's Birthplace Md					
Mother's Maiden Name Mary Hoffman		Mother's Birthplace Id					
Name of person giving information Ara Knode		How related to deceased daughter					

## CAUSES OF DEATH

Primary	Arterial Sclerosis	How long	2 years.
Immediate	Heart Failure	How long	24 hours.

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician

Address

Accident or Suicide? no.

Lion Church

Name  
in  
Full

Ann W Lefore No 269

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Williamsport</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death 1905	Month <i>Nov</i>	Day <i>13</i>	Age <i>75</i>	Years <i>1</i>	Months <i>10</i>
Sex		Color or Race		Birth- place <i>Williamsport</i>	
Married, Single or Widowed <i>Widow</i>		Occupation			
Name of Wife or Husband <i>Samuel</i>					
Father's Name <i>John Herr</i>		Father's Birthplace			
Mother's Maiden Name <i>Ann W. Herr</i>		Mother's Birthplace			
Name of person giving In formation <i>B. Lefore</i>		How related to deceased <i>Mother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Dropsy</i>	How long <i>Eight weeks</i>
Immediate <i>Prostration</i>	How long <i>Two hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. S. Richardson</i>
	Address <i>Williamsport Md.</i>
Accident or Suicide? <i>—</i>	

J. F. Krebs  
undertaken



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Zachariah Leyett</b>		Town <b>Hagerstown</b>		County <b>Washington</b>		State <b>MARYLAND</b>	
Died at <b>Hagerstown</b>		Month <b>11</b>		Day <b>5</b>		Age <b>57</b>	
Date of death <b>1903</b>		Months <b>8</b>		Years <b>13</b>		Days <b>13</b>	
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>Ind</b>			
Occupation <b>Well Keeper</b>		Where Residing if not at place of death					
Married, Single or Widowed <b>Widower</b>		Name of Wife or Husband					
Father's Name <b>Robert Leyett</b>		Father's Birthplace <b>Ind</b>					
Mother's Maiden Name <b>Margaret Myers</b>		Mother's Birthplace <b>Ind</b>					
Name of person giving information <b>Clarence Leyette</b>		How related to deceased <b>Son</b>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Cerebral Hemorrhage</b>	How long
Immediate <b>Paralysis</b>	How long <b>1 1/2 days</b>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <b>Daniel A. Crotkins</b>
	Address <b>Hagerstown Ind.</b>
Accident or Suicide?	

Bombar

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Bertha E Lizer</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Near Benerville</i>		City <i>Washington</i>			
Date of death	Month <i>11</i>	Day <i>27</i>	Years <i>27</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Fredrick Co Md</i>		
Occupation <i>Domestic</i>	Where Residing if not at place of death				
<del>Married</del> , Single	Name of Wife or Husband				
Father's Name <i>David Lizer</i>	Father's Birthplace <i>Fred. Co</i>				
Mother's Maiden Name <i>Phoebe Blickenstaff</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>E S Blickenstaff</i>	How related to deceased <i>Cousin</i>				

## CAUSES OF DEATH

Primary

*Pulmonary Tuberculosis*

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

*W. M. Richard*  
Address *Grainplay Washington Co Md*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Mrs Ellen Long

## CERTIFICATE OF DEATH

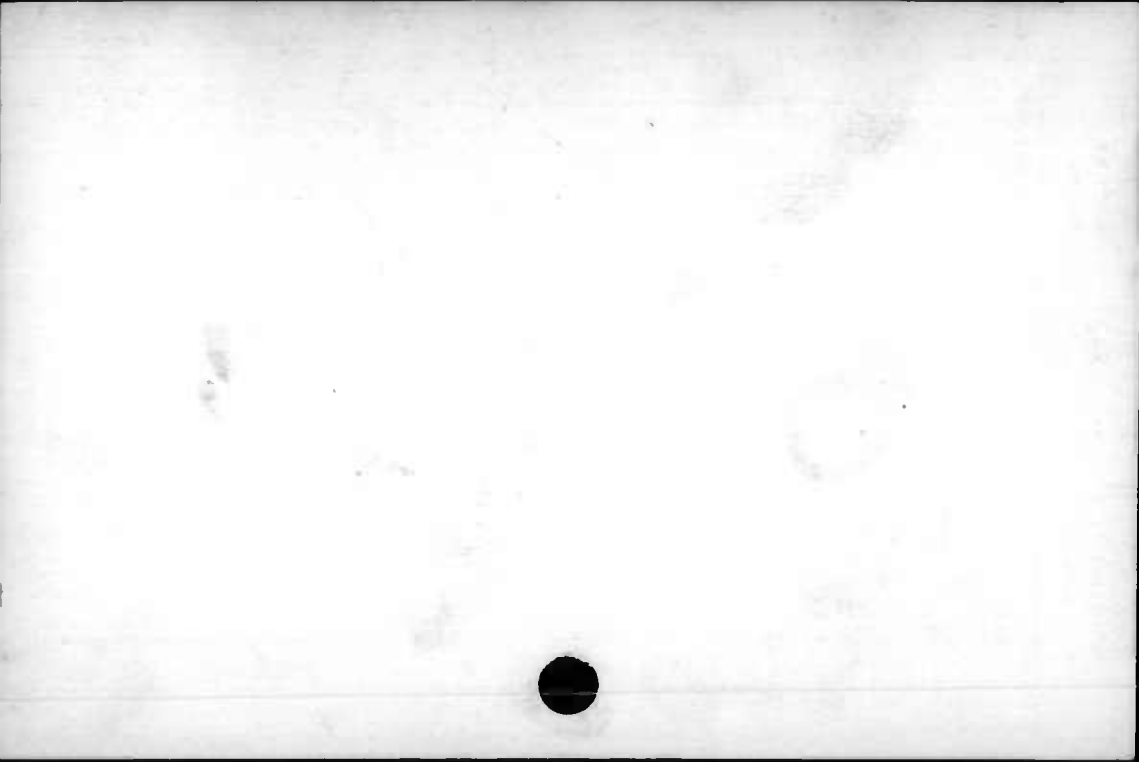
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i> <sup>Town</sup>		<i>Wash</i> <sup>County</sup>		MARYLAND	
Date of death <i>1905</i> <sup>Month</sup> <i>11</i> <sup>Day</sup> <i>25</i>	Age <i>63</i> <sup>Years</sup>		Months		Days
Sex <i>female</i>	Color or Race <i>white</i>	Birth-place <i>Md.</i>			
Occupation <i>H.W.</i>	Where Residing if not at place of death <i>Baltimore Md.</i>				
Married, Single or Widowed <i>widow</i>	Name of <del>Wife</del> Husband <i>Neill Long</i>				
Father's Name <i>John Love</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Mary Holl</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Mrs May Griffith</i>	How related to deceased <i>daughter</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>5</i> <sup>days</sup>
Immediate <i>Exhaustion</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. W. Payne</i>
	Address <i>Hagerstown Md</i>
Accident or Suicide? <i>no</i>	



TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

# CERTIFICATE OF DEATH

## MARYLAND

County Washington

Day

Age

Years

Months

Days

Sex

Color or Race

White.

Birth-  
place

May 1900

Occupation

Where Residing if not  
at place of death

~~Married, Single~~  
or Widowed

Name of ~~Wife~~  
Husband

Quation d'air -

Father's  
Name

Franklin Reed

Father's  
Birthplace

May/ant

Mother's  
Maiden Name

Christie Danner

Mother's Birthplace

Name of person giving  
In formation

Abstract: In a study of

How related  
to deceased

Son -  
noway

### CAUSES OF DEATH

Primary

*Pneumonia*

How long

one week

Immediate

*P. m. m.*

How long

Are the name, age, sex, color, date and place correctly given above?

gas

Signature of Physician

Address

How long

Chas B. Perkins  
Kagerston  
m -

### Accident or Suicide?

Brining and Bust  
Beansboro



Name  
in  
Full

Infant Mayhew

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Burnsboro</i>		County <i>Washington</i>		MARYLAND	
Date of death	1905	Month	Nov	Day	3
Sex	Male	Color or Race	White	Birthplace	Burnsboro
Occupation			Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Harry Mayhew			Father's Birthplace	Wash. Co.
Mother's Maiden Name	Elizabeth Moringan			Mother's Birthplace	" "
Name of person giving information	Harry Mayhew			How related to deceased	father

## CAUSES OF DEATH

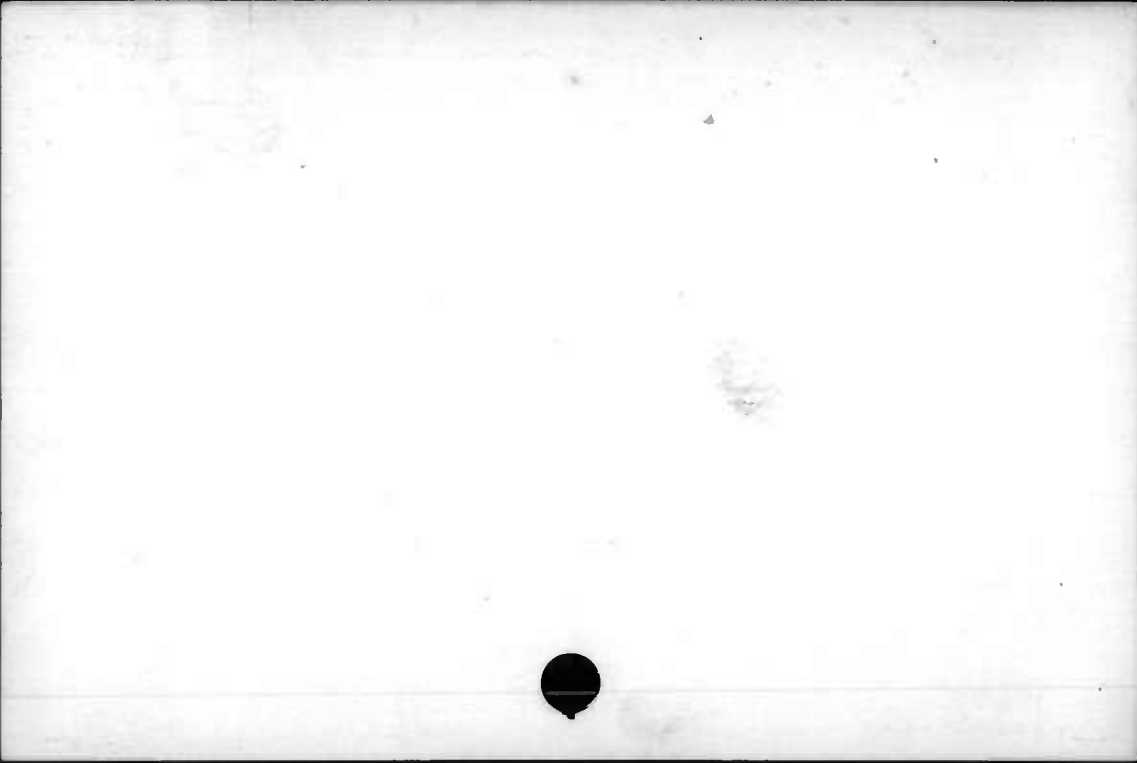
PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	

Still birth S.

E. J. Smith

Burnsboro  
Md



Name  
in  
Full

Mrs. Rachel A. Middlekauff

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Hagerstown<sup>County</sup> Wash.

MARYLAND

Date of death 1905 11

Day 13

Age Years 76

Months —

Days 19

Sex female

Color or Race white

Birth-place Md.

Occupation H. W.

Where Residing if not at place of death

Married, Single or Widowed widow

Name of ~~Wife~~ Husband John C. Middlekauff.

Father's Name William Jones

Father's Birthplace Penna.

Mother's Maiden Name Sarah A. South

Mother's Birthplace Md.

Name of person giving information J. H. Jones

How related to deceased Brother.

## CAUSES OF DEATH

Primary

Endo Cardia

How long

Immediate

Cardiac Failure

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

A. D. Shaffer  
Hagerstown

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

You had better stay in London to  
your business

Name in Full *Harvey M. Mills*

CERTIFICATE OF DEATH

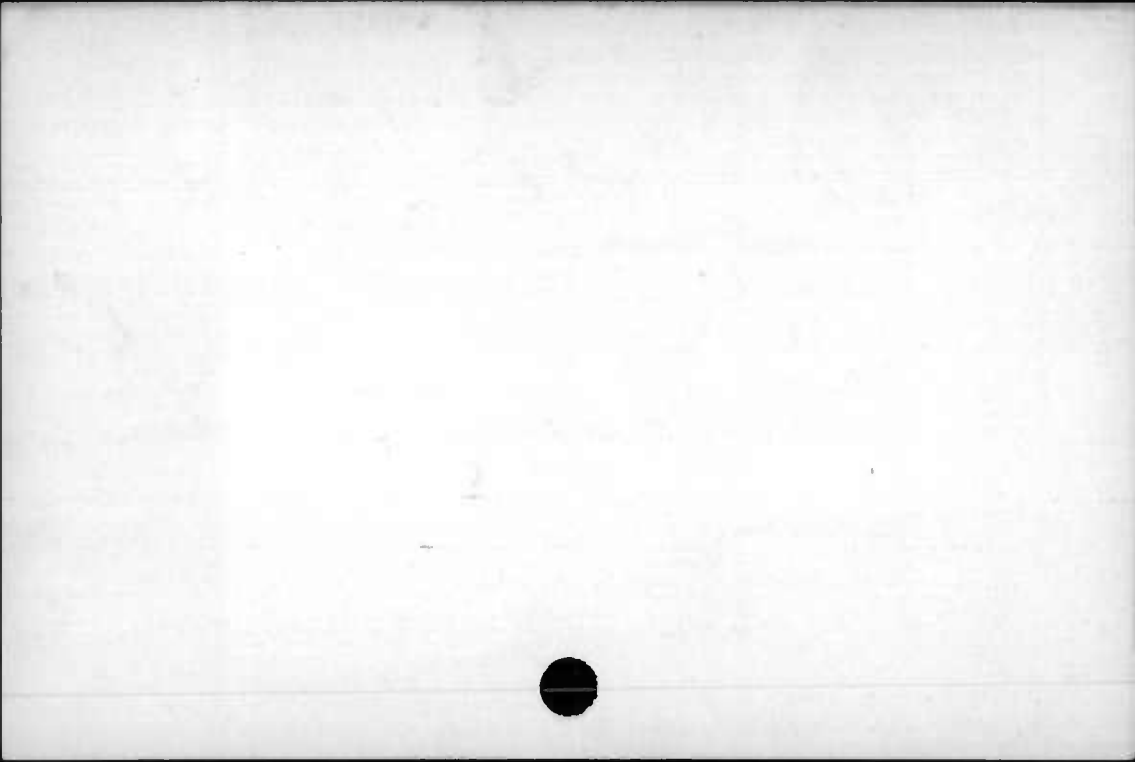
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cleaspring</i> <small>Town</small>		<i>Wash</i> <small>County</small>		MARYLAND	
Date of death <i>1905</i>	<i>11</i> <small>Month</small>	<i>12</i> <small>Day</small>	<i>32</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ind</i>			
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>—</i>				
Married, Single <del>or Widowed</del>	Name of Wife or Husband <i>Emma Cunningham</i>				
Father's Name <i>Abraham Mills</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Elizabeth Whelstone</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>Elizabeth Mills</i>	How related to deceased <i>Mother</i>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis of Liver &amp; Bowels</i>	How long <i>3 months</i>
Immediate <i>Exhaustion</i>	How long <i>6 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. P. Perry</i>
	Address <i>Cleaspring Ind.</i>
Accident or Suicide? <i>—</i>	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Hagerstown</u> <sup>Town</sup>		County <u>Washington</u>	
		Date of death <u>1903</u> <sup>Month</sup> <u>11</u> <sup>Day</sup> <u>10</u>		Age <u>60</u> <sup>Years</sup> <u>—</u> <sup>Months</sup> <u>—</u> <sup>Days</sup>	
		Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Ind</u>	
		Occupation <u>Retired Farmer</u>	Where Residing if not at place of death		
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Margaret Moneyan</u>			
Father's Name <u>James Moneyan</u>		Father's Birthplace <u>Ind</u>			
Mother's Maiden Name <u>Mary Poffenberger</u>		Mother's Birthplace <u>Ind</u>			
Name of person giving information <u>Bushy Moneyan</u>		How related to deceased <u>Son</u>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <u>Paralysis</u>		How long <u>3 Months</u>	
		Immediate <u>Cerebral Hemorrhage</u>		How long <u>14 hours</u>	
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>W. B. Moneyan</u>	
		Accident or Suicide? <u>No</u>		Address <u>Hagerstown</u>	

Manner



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Lagerstown</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND	
Date of death <i>1905</i>	<i>11</i> <small>Month</small>	<i>4</i> <small>Day</small>	Age <i>24</i> <small>Years</small>	<i>11</i> <small>Months</small>	<i>6</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Jannie E Moore</i>				
Father's Name <i>Wm P Moore</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Elizabeth Hill</i>	Mother's Birthplace <i>Md</i>				
Name of person giving information <i>Jannie E Moore</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculous Meningitis</i>	How long <i>3 weeks</i>
Immediate <i>Respiratory Depression</i>	How long <i>A few days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>B. H. Magowan</i>
	Address
Accident or Suicide? <i>No</i>	

Smoketown

Name  
in  
Full

Garland Muma

## CERTIFICATE OF DEATH

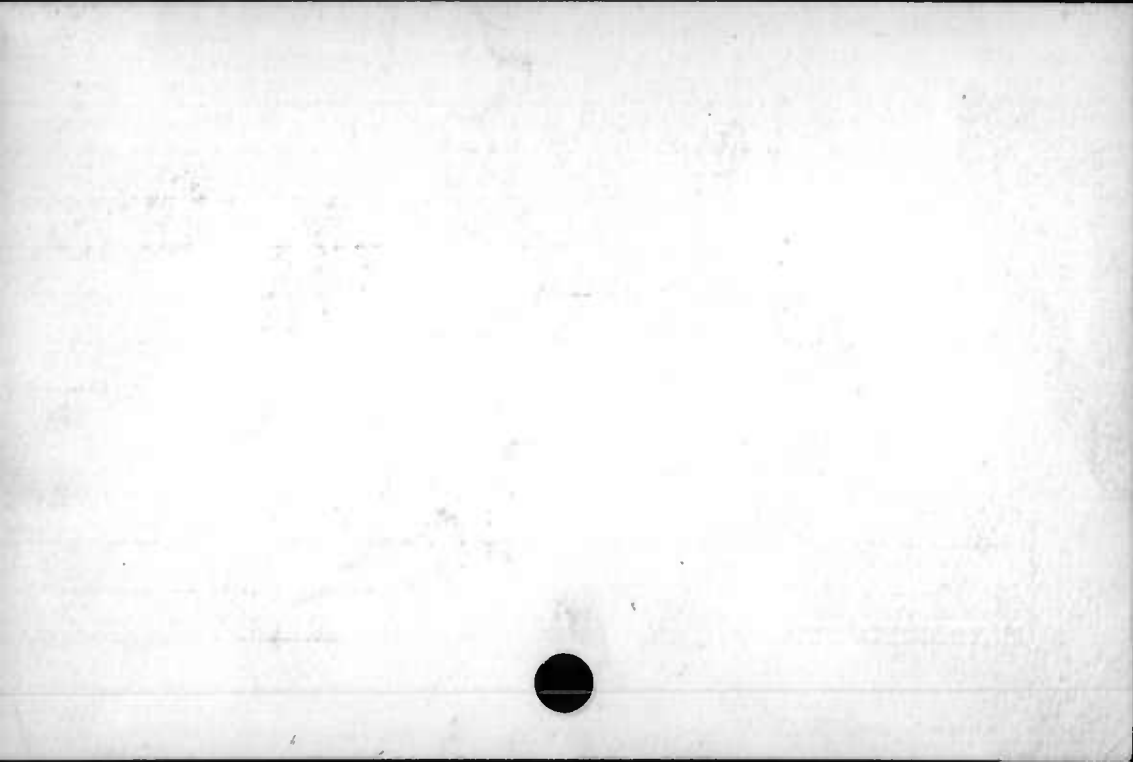
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bellevue Asylum</i>		Town <i>Washington</i>		County <i>Washington</i>		MARYLAND	
Date of death 190 <i>7</i> -	Month <i>Nov.</i>	Day <i>16</i>	Age <i>6.5</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Washington to Md</i>					
Married, Single or Widowed <i>Single</i>	Occupation <i>None</i>						
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>D.R. Hager</i>				How related to deceased <i>None</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Debility</i>	How long <i>2 months</i>
Immediate <i>Transition</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>M. Morrison</i>
	Address <i>Hagerstown Md.</i>
Accident or Suicide? <i>No.</i>	



Name  
in  
Full

Gertrude Paye

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1905</i>	Month <i>11</i>	Day <i>12</i>	Age <i>31</i>	Years <i>—</i> Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Na</i>		
Occupation <i>House-work</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>John P. Paye</i>				
Father's Name <i>John Thompson</i>	Father's Birthplace <i>Na</i>				
Mother's Maiden Name <i>Sally Jones</i>	Mother's Birthplace <i>Na</i>				
Name of person giving information <i>John P. Paye</i>				How related to deceased <i>Husband</i>	

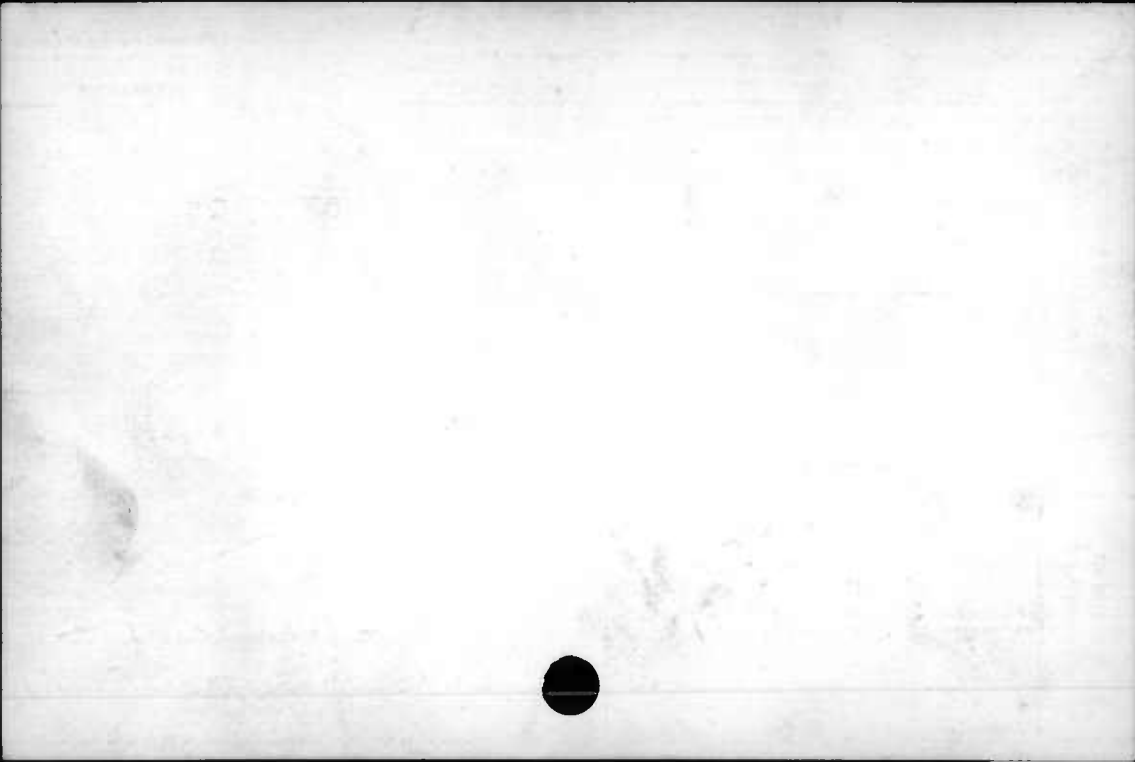
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Epilepsy</i>	How long <i>a number of years</i>
Immediate <i>Maenuee conuulsion</i>	How long <i>10 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>O. W. Stagg</i>
	Address <i>Hagerstown, Md.</i>
Accident or Suicide?	

Half Way

Name in Full		273		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Tammany, Farm</i>		County <i>Washington</i>		MARYLAND
	Date of death	1905	Month <i>Nov</i>	Day <i>29</i>	Age <i>89-</i>
	Sex <i>Female</i>	Color or Race <i>Col'd</i>		Months <i>3</i>	Days <i>27</i>
	Occupation <i>Housekeeper</i>	Where Residing if not at place of death <i>Williamsport</i>		Birthplace <i>Williamsport</i>	
	Married, Single or Widowed <i>Single</i>	Name of Wife or Husband			
	Father's Name <i>Cesar Peters</i>	Father's Birthplace <i>Calvert Co Md</i>			
	Mother's Maiden Name <i>Patsy</i>	Mother's Birthplace			
	Name of person giving information <i>Mary A Prather</i>	How related to deceased <i>Cousin</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<i>General Debility</i>		How long	
	Immediate	<i>Heart Failure</i>		How long	
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. S. Richards</i>		
			Address <i>Williamsport Md</i>		
Accident or Suicide?					





Name  
in  
Full

Perry. T. Prather.

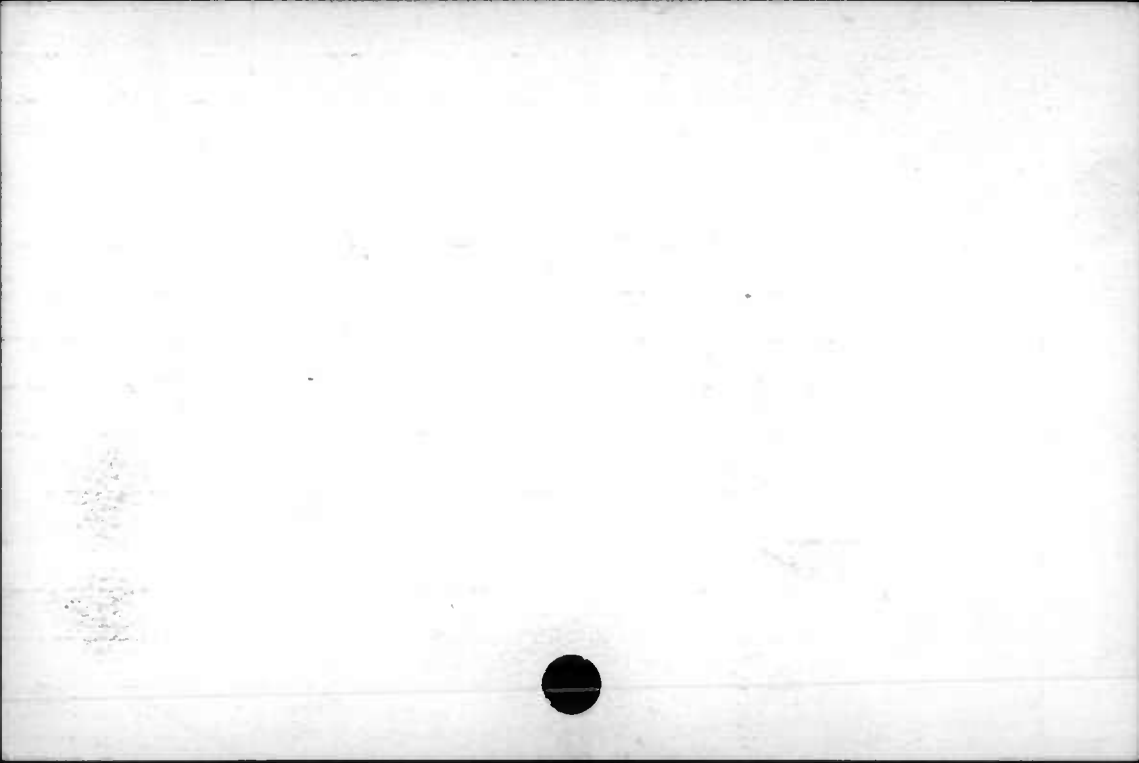
## CERTIFICATE OF DEATH

Died at		Town <i>Clear Spring</i>		County <i>Washington</i>		MARYLAND	
Date of death		Month <i>11</i>	Day <i>10</i>	Years <i>69</i>	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Maryland</i>				
Occupation <i>Merchant</i>	Where Residing if not at place of death <i>Clear Spring</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Maggie Stinets</i>						
Father's Name <i>Basil Prather</i>	Father's Birthplace <i>Clear Spring</i>						
Mother's Maiden Name <i>Temperance Mason</i>	Mother's Birthplace <i>Licking Creek</i>						
Name of person giving information <i>Geo. T. Prather</i>	How related to deceased <i>Son</i>						

## CAUSES OF DEATH

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>Six months</i>
Immediate	<i>Heart failure</i>	How long	<i>Ten days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Abraham Frank</i>
		Address	<i>Clear Spring Washington Co. Md.</i>
Accident or Suicide?			

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Nancy Reed</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>11</i>		Day <i>23</i>		Age <i>11</i>	
Date of death <i>1905</i>		Month <i>11</i>		Day <i>23</i>		Age <i>11</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>md</i>			
Occupation <i>house work</i>		Where Residing if not at place of death <i>md</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Henry Reed</i>		Father's Birthplace <i>va</i>					
Mother's Maiden Name <i>Annie Carter</i>		Mother's Birthplace <i>va</i>					
Name of person giving information <i>Annie Reed</i>		How related to deceased <i>Sister</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Acute Diffuse Myelitis</i>	How long <i>2 weeks.</i>
Immediate <i>Respiratory Failure</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>B. A. Magarian</i>
	Address <i>Hagerstown, Md.</i>
Accident or Suicide? <i>No</i>	

De Weymann

Name  
in  
Full

David R. Roessner

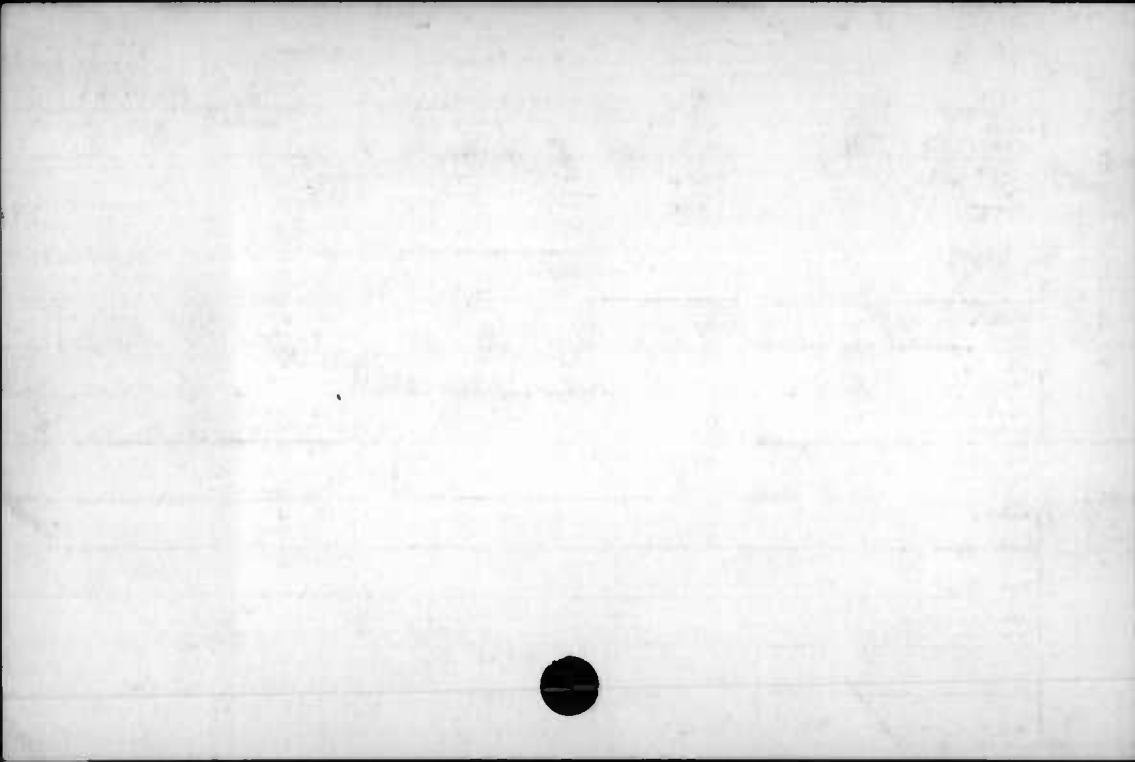
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Hagerstown</u> <sup>Town</sup>		<u>Washington</u> <sup>County</sup>		MARYLAND	
Date of death	1905	Month	11	Day	13
Age	2	Years	9	Months	5
Sex	Male	Color or Race	White	Birth-place	Md
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name	J. F. Roessner			Father's Birthplace	Md
Mother's Maiden Name	Winona Thumm			Mother's Birthplace	Md
Name of person giving information	J. F. Roessner			How related to deceased	Father

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<u>Scald</u>	How long	
	Immediate	<u>Shock</u>	How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
	Address			
Accident or Suicide?				



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Infant-Son Howard Rubick

## CERTIFICATE OF DEATH

MARYLAND

Died at

Dryden

Washington County

Date

of death 190

Month

11

Day

29

Years

Age

Months

Days

Sex

Color or  
RaceBirth-  
place

Occupation

Where Residing If not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Howard Rubick

Father's  
Birthplace

Md

Mother's  
Maiden Name

Annie May Hase

Mother's  
Birthplace

Md

Name of person giving  
InformationHow related  
to deceased

Mother

## CAUSES OF DEATH

Primary

How long

Immediate

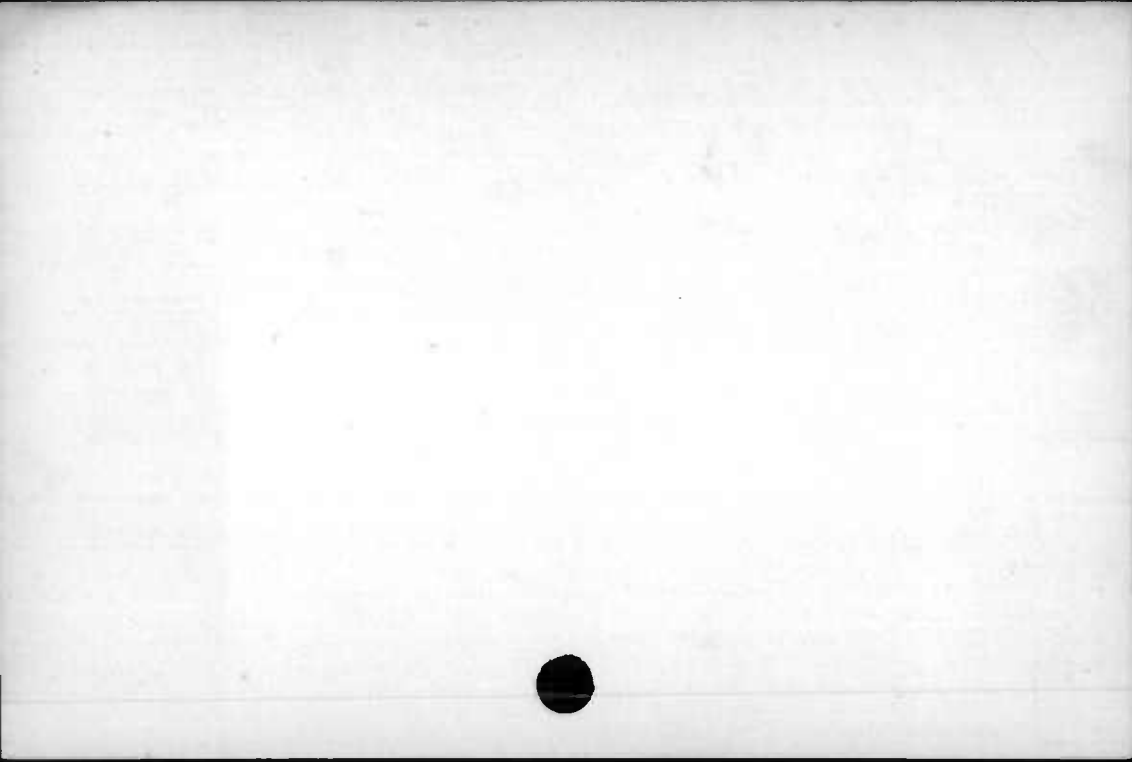
How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?

S.  
Still born  
Abraham Shank  
Clearspring  
Washington Co.





Name  
in  
Full

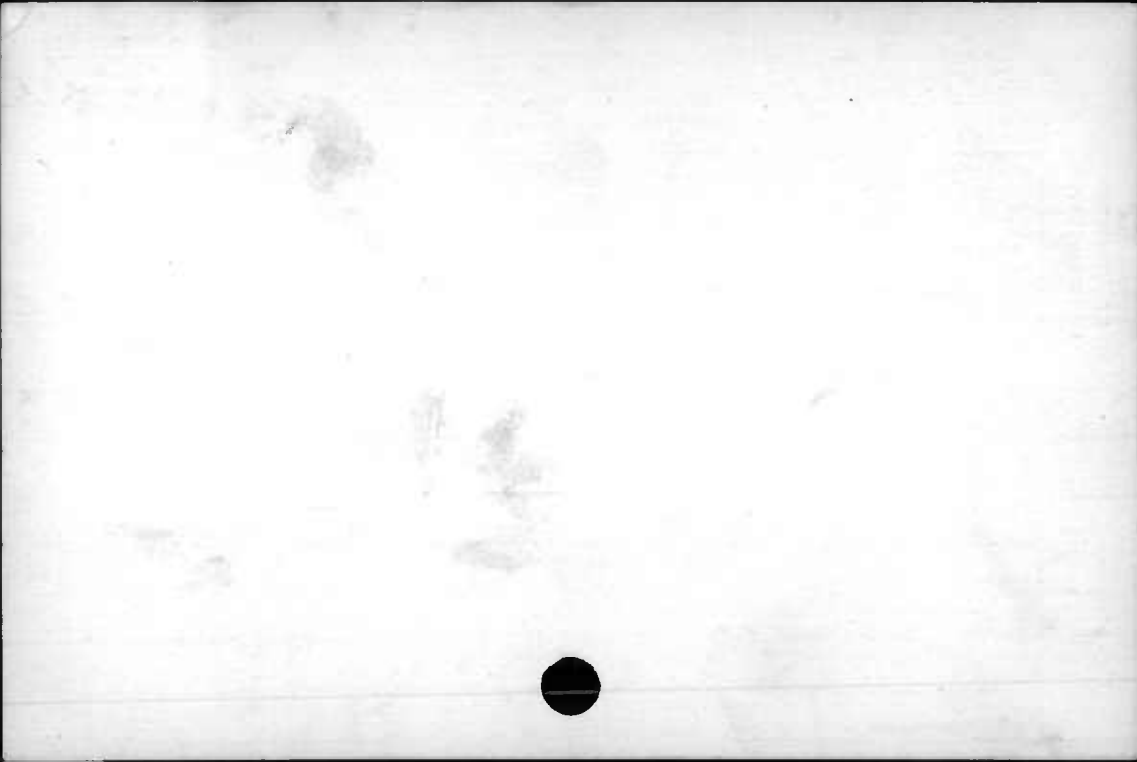
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Lagerstown</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1900</i>	<i>11</i>	<i>6</i>	Age	<i>24</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	<i>House work</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>married</i>		Name of Wife or Husband <i>Edward Sheets</i>		
Father's Name	<i>Jerre George</i>		Father's Birthplace <i>Pa</i>		
Mother's Maiden Name	<i>Sant Mow</i>		Mother's Birthplace <i>Pa</i>		
Name of person giving information	<i>George H Hayer</i>		How related to deceased <i>None</i>		

## CAUSES OF DEATH

Primary	<i>An Infectious Disease Probable Typhoid</i>		How long	<i>Unknown</i>
Immediate	<i>Exhaustion &amp; Cardiac Failure</i>		How long	<i>One day</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>Dr. H. H. Hayer</i>	
		<i>No.</i>	Address <i>Lagerstown, Md.</i>	
Accident or Suicide? <i>No.</i>				



Name  
in  
Full

Still Born male Shelton N. W.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> near Bakersville <sup>County</sup> Washington

MARYLAND

Date of death 1905 <sup>Month</sup> Nov. <sup>Day</sup> 10 <sup>Age</sup> <sup>Years</sup> X <sup>Months</sup> X <sup>Days</sup> X

Sex male Color or Race White Birth-place near Bakersville

Occupation X Where Residing if not at place of death X

Married, Single or Widowed

Name of Wife or Husband

Father's Name Wilber Shelton

Father's Birthplace W. A.

Mother's Maiden Name Mary Davis

Mother's Birthplace W. A.

Name of person giving information Wilber Shelton

How related to deceased Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Still Born S.

How long —

Immediate —

How long —

Are the name, age, sex, color, date and place correctly given above? Yes

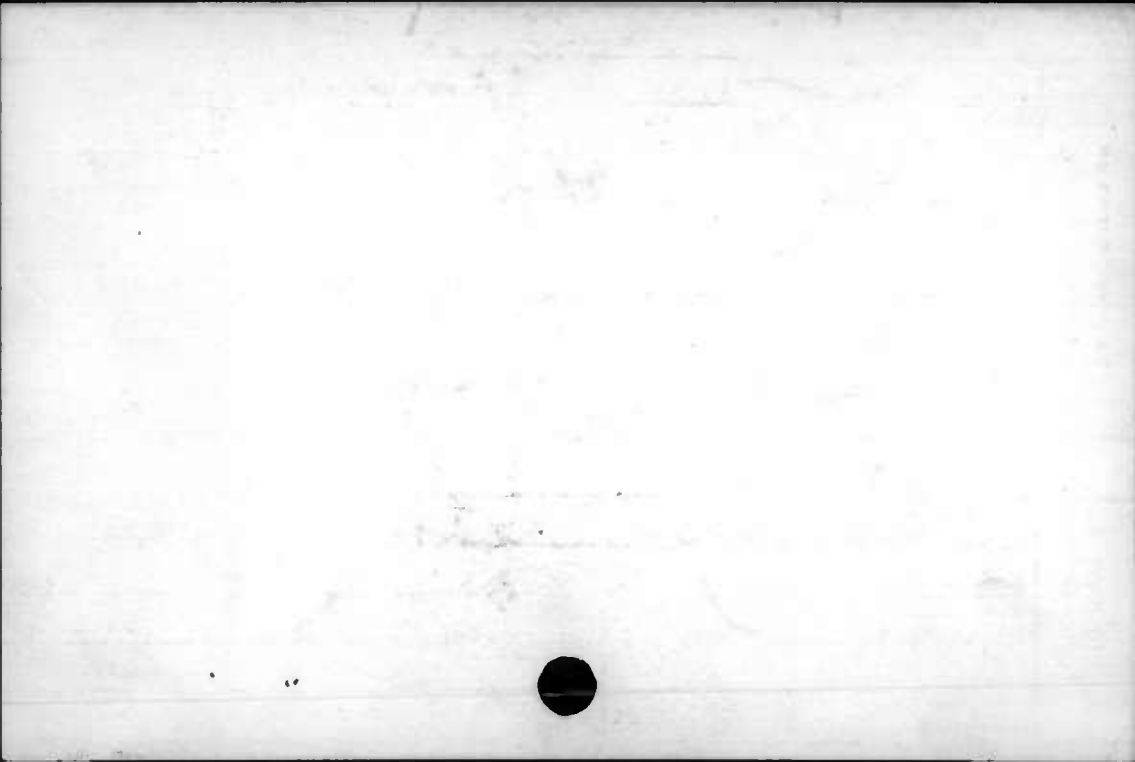
Signature of Physician

Address

D. H. Gardner

Sharpsburg Md.

Accident or Suicide?



Name  
In  
Full

CERTIFICATE OF DEATH

Mary K Shuler  
Town Washington County MARYLAND

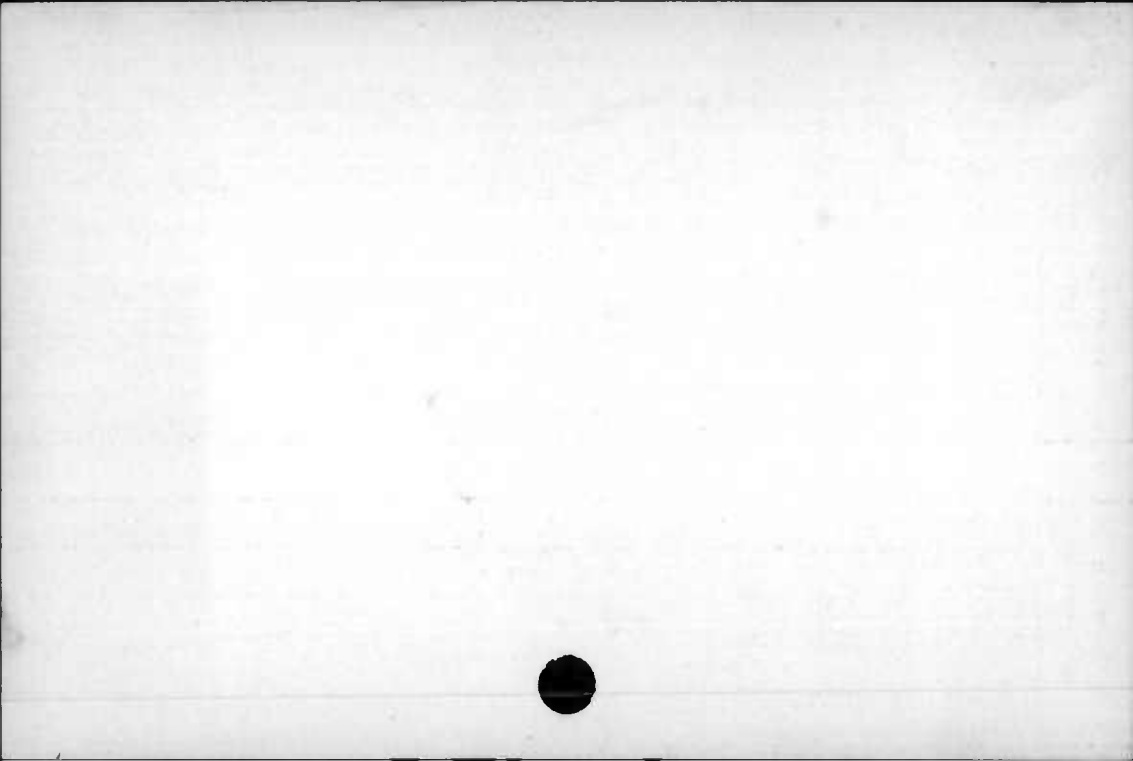
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	1904	Month	11	Day	4	Age	52
Sex		Female		Color or Race		White	
Occupation				Where Residing if not at place of death		Md	
Married, Single or Widowed		Single		Name of Wife or Husband		Thos A Shuler	
Father's Name		Wm H Albert		Father's Birthplace		Md	
Mother's Maiden Name		Catherine E. Munroe		Mother's Birthplace		Md	
Name of person giving information		Thos A Shuler		How related to deceased		Husband	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Apoplexy	How long	5 hours
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Wm F. Shuler	
Address		Washington Md	
Accident or Suicide?			



Name  
in  
Full

Susan Smith


## CERTIFICATE OF DEATH

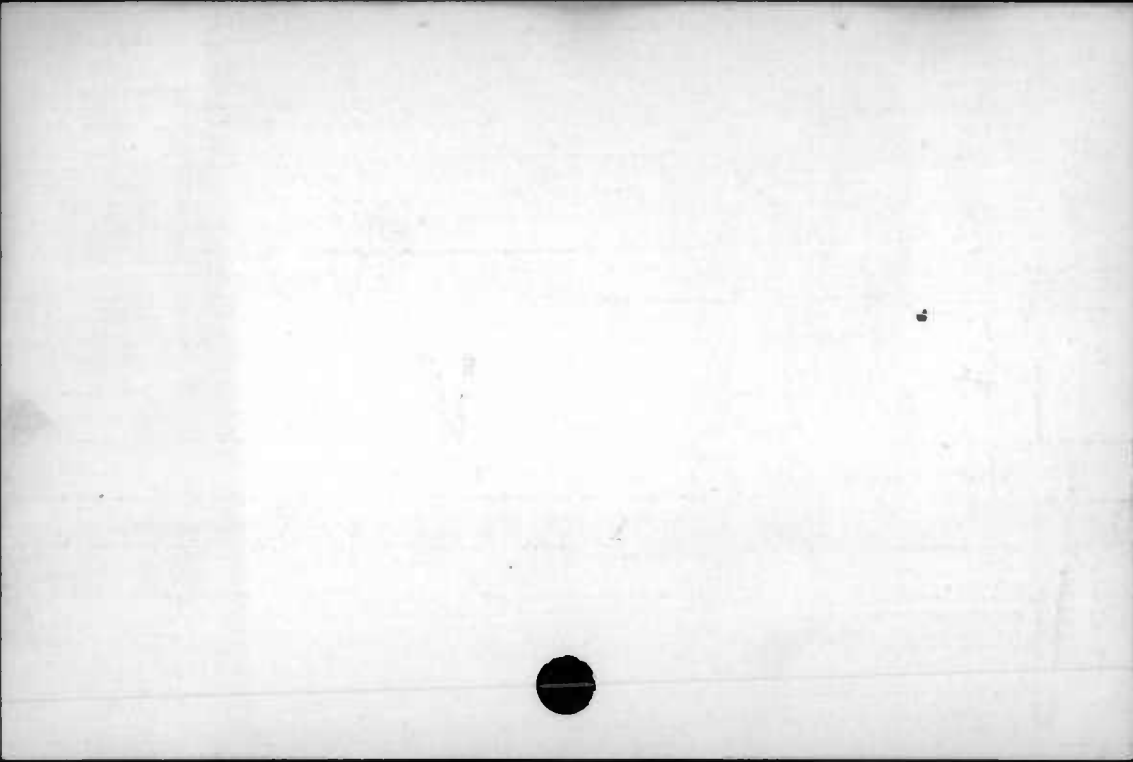
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death <i>1905</i> <sup>Month</sup> <i>11</i> <sup>Day</sup> <i>5</i> <sup>Years</sup> <i>84</i>		Age <i>84</i>		Months <i>6</i>	Days <i>3</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Pa</i>			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Harrison B Smith</i>				
Father's Name <i>Andrew Wagner</i>	Father's Birthplace <i>Pa</i>				
Mother's Maiden Name <i>— don't know —</i>	Mother's Birthplace				
Name of person giving information <i>Harry Smith</i>	How related to deceased <i>Son</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Dysentery</i>	How long <i>Two weeks</i>
Immediate <i>Severe fibrosis</i>	How long <i>two months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. B. Pitsenogle</i>
	Address 
Accident or Suicide?	





Name in Full		Philip C. Snyder				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Specimens		Washington		MARYLAND	
	Date of death	1905	Month 11	Day 12	Age 61	Years 1	Days 19
	Sex	Male		Color or Race	White		Birthplace
	Occupation	Farmer		Where Residing if not at place of death		St. Virginia	
	Married, Single or Widowed	Married		Name of Wife or Husband		Anna Filote	
	Father's Name	Senior Snyder		Father's Birthplace		Bronsboro, 2nd	
	Mother's Maiden Name	Sophia Brown		Mother's Birthplace		Williamsport	
Name of person giving information	John Snyder		How related to deceased		Brother		
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	Pulmonary Tuberculosis			How long	3 years	
	Immediate	Failing Heart			How long	6 mos	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		U. M. Rees	
	yes			Address		Fairplay	
	Accident or Suicide?						

1

Name  
in  
Full

Edward Lewis Stuffer

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Maplesville<sup>County</sup> Washington

MARYLAND

Date of death 1905 Nov

Day 17

Age — Years

Months —

Days 8

Sex Male

Color or Race

White

Birth-place

Maplesville

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Howard Stuffer

Father's Birthplace

Wash. Co

Mother's Maiden Name

Carrie Gaylor

Mother's Birthplace

Maplesville

Name of person giving information

Edward Stuffer

How related to deceased

Grandfather

## CAUSES OF DEATH

Primary

How long

Immediate

Catarrhal Bronchitis

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

E. L. Smith

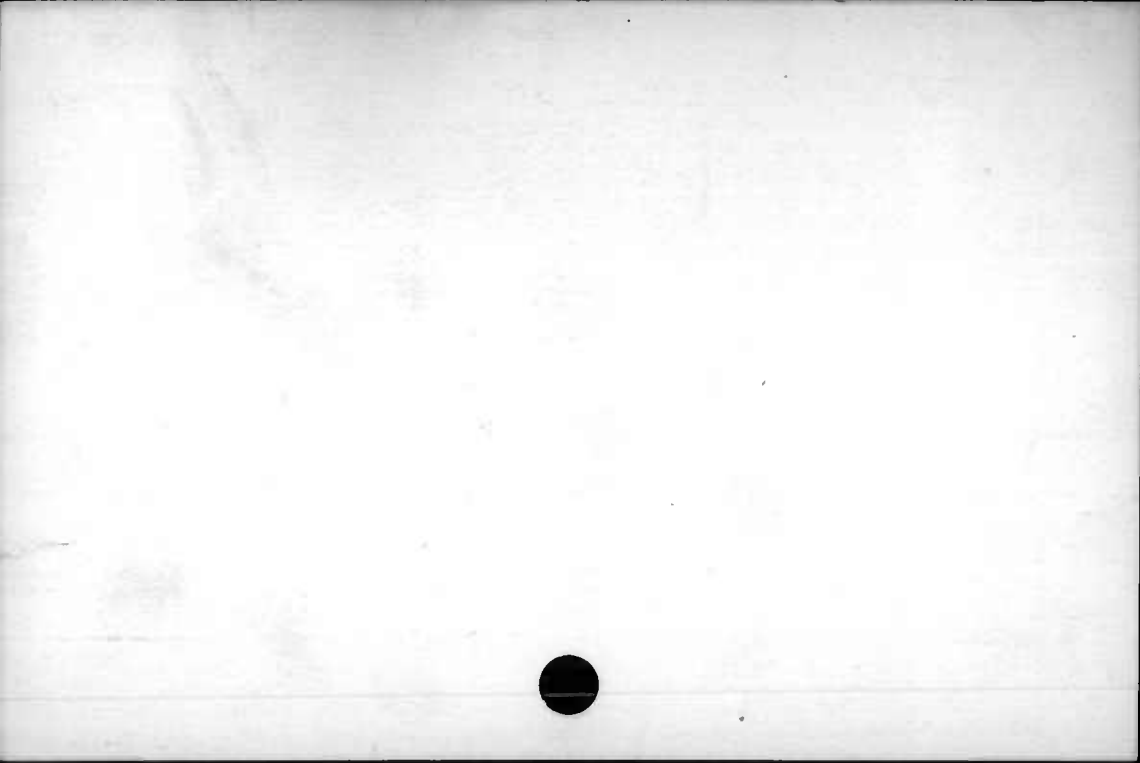
Address

Boonsboro

Md

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Emma Sweigart

Died at <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>11</i>	Day <i>24</i>	Age <i>44</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Pa</i>		
Occupation <i>House work</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>David Sweigart</i>				
Father's Name <i>James Vandrew</i>	Father's Birthplace <i>Pa</i>				
Mother's Maiden Name <i>Louise Kuong</i>	Mother's Birthplace <i>Pa</i>				
Name of person giving information <i>David Sweigart</i>	How related to deceased <i>Husband</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Placenta Previa</i>	How long <i>12 hours</i>
Immediate <i>Albuminuria</i>	How long <i>60 months</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>L. M. Zimmerman</i>
	Address <i>Hagerstown Md.</i>
Accident or Suicide?	

to Jannerman

Macedonia  
Pu

Name  
in  
Full

## CERTIFICATE OF DEATH

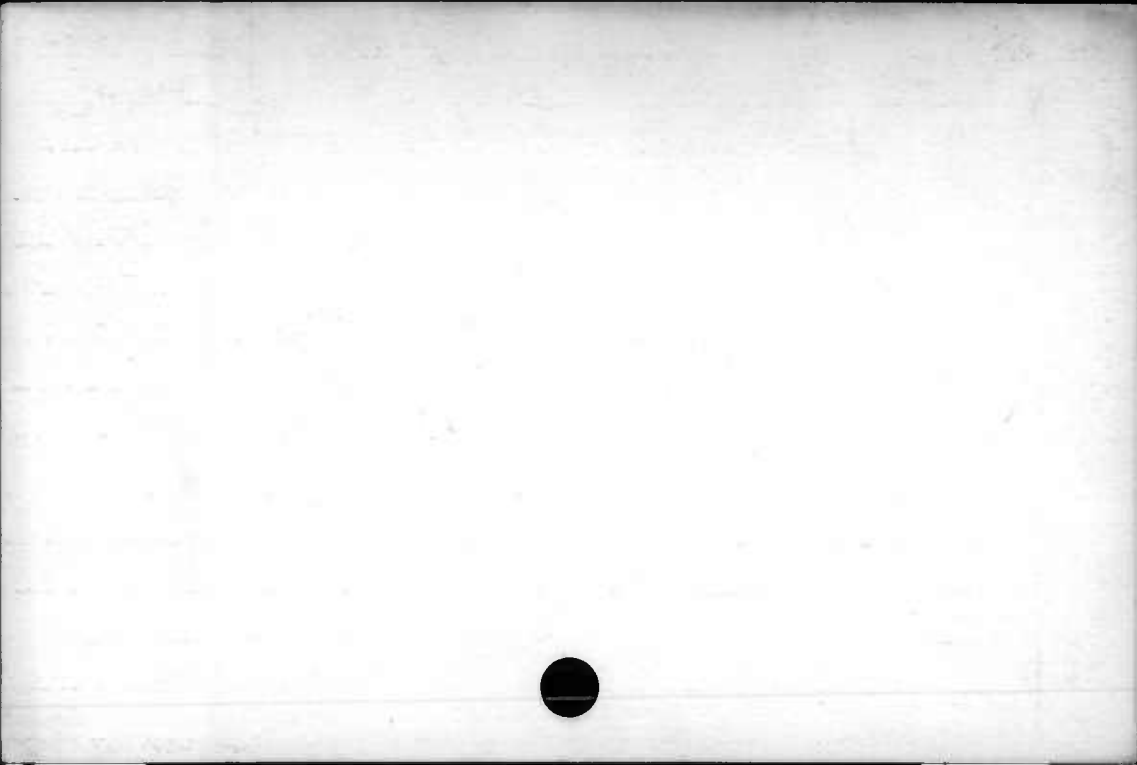
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Hancock</i>		Town <i>Hancock</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>1905 Nov</i>		Month <i>Nov</i>		Day <i>68</i>		Age <i>68</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Licking Creek</i>		Months <i>4</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>near Hancock</i>		Days <i>1</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Robert Terry</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Bridget McGuire</i>		Mother's Birthplace <i>Ireland</i>					
Name of person giving information <i>Robert Terry</i>		How related to deceased <i>Brother</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Double Lobar Pneumonia</i>	How long	<i>6 days</i>
Immediate	<i>Pleurisy</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>H. C. Tabler</i>
		Address	<i>Hancock</i>
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

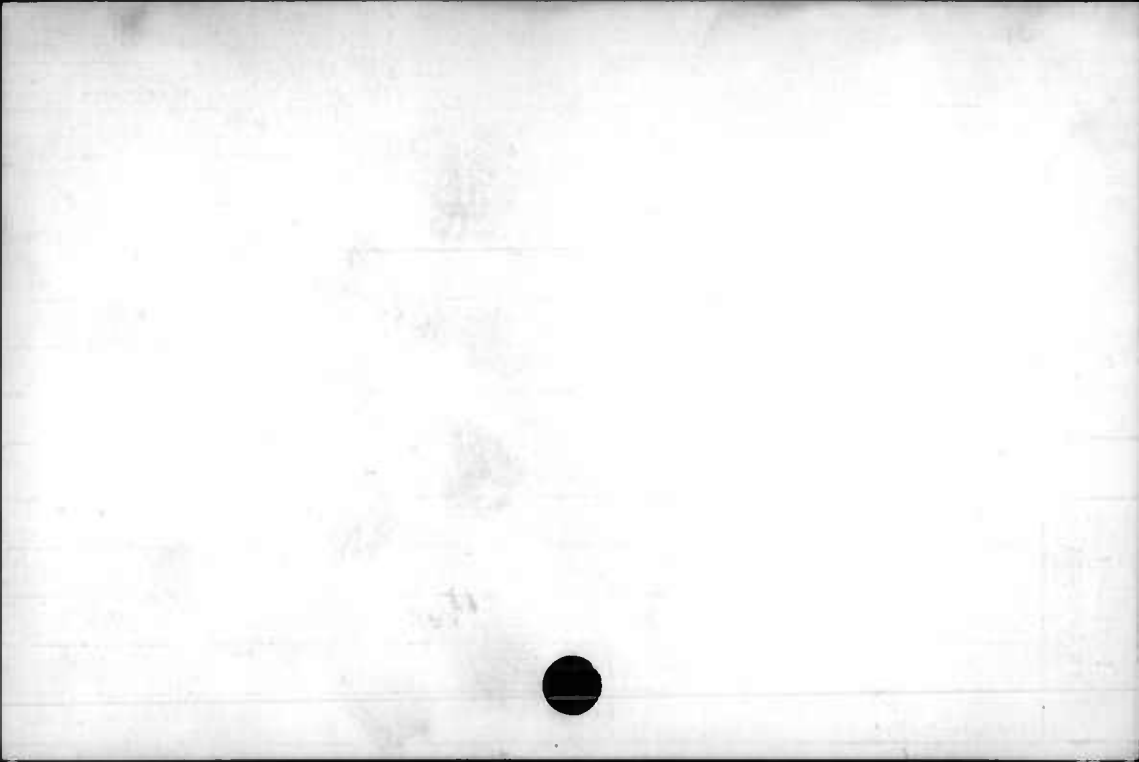
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Ringgold</i> Town		County <i>Washington</i>		MARYLAND	
Date of death	190 <i>Nov.</i> Month	Day <i>2</i>	Age <i>10</i> Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ringgold</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>John Miles</i>			Father's Birthplace <i>Ringgold</i>		
Mother's Maiden Name <i>Sarah Ann Mentry</i>			Mother's Birthplace <i>Hagerstown</i>		
Name of person giving Information <i>J. P. Mentry</i>			How related to deceased <i>Uncle</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Appendicitis</i>	How long <i>4 1/2 days</i>
Immediate <i>Rupture of appendix and Gen. Peritonitis</i>	How long <i>18 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. B. Sollenbarger</i>
	Address <i>Waynesboro, Pa</i>
Accident or Suicide?	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Chas Wolfensberger*

MARYLAND

Died *near Hagerstown*

County *Wash.*

Date of death *1908*

Month *11*

Day *3*

Age *63*

Months *4*

Days *18*

Sex *male*

Color or Race *white*

Birth-place *Ind.*

Occupation *Farmer*

Where Residing if not at place of death

Married, Single or Widowed *married*

Name of Wife *Eveline Wolfensberger*

Father's Name *George Wolfensberger*

Father's Birthplace *Ind.*

Mother's Maiden Name *Magdalene Linn*

Mother's Birthplace

Name of person giving information *Chas. Wolfensberger*

How related to deceased *Brother.*

CAUSES OF DEATH

Primary *Carcinoma Cancer*

How long *several mo's*

Immediate

How long *1 mo.*

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

*Wm. D. Miller*

Address

*Hagerstown Ind.*

Accident or Suicide?

PHYSICIAN  
OR CORONER

Jaum chs

Name  
in  
Full

Annie M. Gummerman

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Millstone<sup>County</sup> Washington

MARYLAND

Date

of death 190 5 Nov.

Month

Day

14

Years

Age 26

Months

11

Days

5

Sex

Female

Color or  
Race

White

Birth-  
place

Maryland

Occupation

Wife

Where Residing if not  
at place of death

Died at Home

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Lloyd H. Gummerman

Father's  
Name

John Reed

Father's  
Birthplace

Wash Co Md

Mother's  
Maiden Name

Lucy D. Ketterhoff

Mother's  
Birthplace

" " "

Name of person giving  
In formation

Lloyd H. Gummerman

How related  
to deceased

Husband

## CAUSES OF DEATH

Primary

Consumption

How long

6 mo.

Immediate

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

J. Clewett Jones  
Hancock Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

